

**A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO
ASSISTED TEACHING ON THE KNOWLEDGE REGARDING
CHILD ABUSE AMONG SCHOOL AGE CHILDREN IN
SELECTED SCHOOL, COIMBATORE.**

Mrs. J.UMA

Reg. No: 301618401



A Dissertation Submitted to
The Tamil Nadu Dr. M.G.R. Medical University,
Chennai- 32.

In Partial Fulfillment of the Requirement for the
Award of the Degree of

**MASTER OF SCIENCE IN NURSING
BRANCH-II
PAEDIATRIC NURSING**

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INTERNAL EXAMINER

EXTERNAL EXAMINER

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SELECTED SCHOOL, COIMBATORE**

APPROVED BY THE DISSERTATION COMMITTEE

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2018

DECLARATION

I hereby declare that the dissertation entitled “**A study to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among the school age children in selected school, Coimbatore**”.

Submitted to the Tamilnadu, Dr. M.G.R. Medical University, Chennai, in partial fulfilment of the requirements for the award of the degree of Master of Science in Nursing is a record of original research work done by myself.

This is the study under the supervision and guidance of Prof. Thenmozhi.P, M.Sc (N)., M.Sc (Psy)., Vice Principal, Texcity College of Nursing, Coimbatore-23 and the dissertation has not found the basis for the award of any degree/diploma/associated degree/ fellowship or similar title to any candidate of any university.

SIGNATURE OF THE PRINCIPAL

SIGNATURE OF THE GUIDE

CANDIDATE

Mrs. UMA.J

DEDICATION

**THIS DISSERTATION IS
DEDICATED TO**

God almighty who blessed me to finish this work successfully

I dedicate this book to my family members

For supporting and encouraging me to believe in myself

I also dedicate this book to my beloved husband

Mr.Thiagarajan

and kids

Hrishitha, Sanjay Ram

For their loving care, emotional and encouragement

Throughout the study.

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Finally I dedicate this study to my loveable parents, friends, and family members for their blessings, joy , hope ,their fruitful prayer, inspiration support and encouragement for the accomplishment of my dreams in my entire endeavour.

ABSTRACT

ABSTRACT

The main aim of the present study was “To evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school at Coimbatore”

OBJECTIVES

- To assess the existing knowledge on child abuse among school age children
- To evaluate the effectiveness of video assisted teaching regarding child abuse among the school age children
- To find out the association between the pretest knowledge level of the school age children with their selected demographic variables.

HYPOTHESIS

- H1:** The mean post test knowledge level will be significantly higher than mean pre test knowledge level of the school age children.
- H2:** There will be significant association between the pretest knowledge level of the school age children with their selected demographic variables.

METHODOLOGY

Methodology is the systematic, theoretic analysis of the methods, applied to the field of research. It comprises the theoretical analysis of the body of methods and principles associate with a branch of knowledge. It was a quantitative study. Pre experimental .one group pre test-post test design was used .Probability systematic random sampling technique was used to select the samples. The sample consists of 30 school age children studying class VI, VII and VIII from kalaivani model matriculation school who came under the inclusion criteria .The prepared tool and teaching module was validated by the experts of medical and nursing professionals .Pilot study was done and the tool was found to be reliable .Pre test was conducted by using self administered questionnaire. Video assisted teaching was implemented and the post test was conducted after a period of one week. Data analysis was done by

computing frequency ,percentage, mean ,standard deviation ,paired ‘t’ test and chi-square test.

RESULTS

The significant findings of the study are,

- Among the samples with regards to the age 10-11years (33.3%) ,11-12 years (33.3%) and 12-13 years (33.4%).
- Among the samples with regards to class of study VI standard (33.3%) ,VII standard (33.3%)and VIII standard (33.4%).
- Among the samples with regards to religion Hindus (43.3%) , Muslims (23.4%) Christians (26.6%) and others (6.7%).
- Among the samples with regards to number of siblings, one (46.6%), two (36.6%) , three and above (6.7) and none (10.1%) .
- Among the samples with regards to ordinal position in their family, first (40%), middle (30%) and last (30%).
- Among the samples with regards to head of the family, father (83.2%), mother (10.1%) and other (6.7%).
- Among the samples with regards to family living status, (83.2%) of children living with both the parents , (10.1%) living with single parent and (6.7%) living with relatives.
- Among the samples with regards to ordinal position in their family, first child (40%), middle child (30%) and last child (30%).
- Among the samples with regards to occupation of the father /guardian, professionals (23.4%), skilled (53.2%) and unskilled (23.4%).
- Among the samples with regards to the father /guardian monthly income, (16.6%) earns ten thousand rupees, (60%) earns ten thousand to twenty thousand rupees and (23.4%) earns more than twenty thousand rupees.

- Among the samples with regards to unhealthy habits of father/ guardian, alcoholism (20%), smoking (16.6%), both (10.1%) and none (53.3%).
- Among the samples with regards to the type of family, nuclear family (63.3%), joint family (23.3%) and extended family (13.4%).
- Among the samples with regards to number of family members, less than 4 members (50%), 4-6 members (33.4%) and more than 6 members (16.6%).
- Among the samples with regards to the previous source of information on child abuse, (16.6%) received information from parent, (10%) from media, (6.7%) from health professionals and (66.7%) have not received any information regarding child abuse.
- The findings shows that among the 30 school age children, 20 (66.7%) had inadequate knowledge, 10 (33.3%) had moderate knowledge and 0 (0%) had adequate knowledge in the pretest. The level of knowledge was improved after intervention and in the post test 13 (43.3%) had moderate knowledge and 17 (56.7%) had adequate knowledge.
- The findings revealed that, among the school age children the pretest mean was 9.7 and the posttest mean was 21, so mean difference 11.3 was a true difference and the standard deviation of pretest was 3.4 and posttest was 2.9. The calculated paired 't' value was 26 was highly significant than the table value (2.6) at 0.05 level. Hence the stated hypothesis was accepted.
- The findings suggested that there was a significant association between the pretest level of knowledge score with their selected demographic variables such as education of the parent and source of information.
- The following conclusion was drawn from the study. The study proved that video assisted teaching on child abuse was effective in improving the knowledge of the school age children. The study findings revealed that knowledge was significantly improved by video assisted teaching on child abuse.

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CHAPTER- I

INTRODUCTION

CHAPTER- I

INTRODUCTION

1.1BACK GROUND OF THE STUDY

Child abuses are any threatening or violent interaction of physical, psychological or sexual nature, which may cause physical or psychological harm to the child. This includes neglect and withholding essential aid, medical care and education. Sexual and physical abuse are forms of physical violence. It is also addition to the forms of mental abuse exist. Forced marriage at a very young age and ritual circumcision of girls are also forms of child abuse. Children have the right to protection from all forms of maltreatment, abuse, neglect and violence.

The World Health Organization reports that an estimated 20 percent of all women are victims of sexual abuse. The effects of physical, emotional and sexual abuse and violence are far-reaching; not only their health but also the economic prospects of victims are affected. In conflict areas - where many refugees are given shelter - girls are particularly vulnerable to sexual abuse and assault.

An estimated 14.2 million girls are victim of child marriage each year. These children grow up in poverty, do not have access to education and most of the time they live in remote villages and rural areas. In countries such as Bangladesh, Nepal, and Pakistan child marriage exists on a large scale. Young girls become completely dependent of their husband and are pregnant before their body is fully developed. Often there is no medical care for these girls during their pregnancy. Baby and mother mortality rates are very high. Child marriages occur in South Asia, Sub-Saharan Africa (37%), Latin-America and the Caribbean.

The World Health Organization (WHO) has defined 'Child Abuse' as a violation of basic human rights of a child, constituting all forms of physical, emotional ill treatment, sexual harm, neglect or negligent treatment, commercial or other exploitation, resulting in actual harm or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. 'Child Neglect' is stated to occur when there is failure of a parent/guardian to provide for the development of the child, when a parent/guardian is

in a position to do so (where resources available to the family or care giver; distinguished from poverty). Mostly neglect occurs in one or more area such as: health, education, emotional development, nutrition and shelter. ‘Child maltreatment’ sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill- treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity. Within this broad definition, five subtypes can be distinguished—physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation. Failure to ensure child right to protection adversely affects all rights. Besides, Child protection is critical to the achievement of Millennium Development goals (MDG). These MDGs can’t be achieved unless child protection is an integral part of program & strategies to protect children from child labour, street children, child abuse, child marriage, violence in school and various forms of exploitation.

Neha Gupta, N.K. Aggarwal(2010)After centuries of being shoved under the carpet, the truth is out. India has the largest number of children (375 million) in the world, nearly 40%of its population. 69% of Indian children are victims of physical, emotional, or sexual abuse (or read itas every 2 out of 3). New Delhi, the Nation’s capital, has an over 83% abuse rate. 89% of the crimes are perpetrated by family members. Boys face more abuse (>72%) than girls (65%). More than 70% of cases go unreported and unshared even with parents/family. Nearly five children die every day in America from abuse and neglect.³ In 2010, an estimated 1,560 children died from abuse and neglect in the UnitedStates.⁴ In the same year, Children’s Advocacy Centres around the country served over 266,000 child victims of abuse, providing victim advocacy and support to these children and their families. In2011, this number was over 279,000.

Beware of the ‘groomers’: Tulir, a Chennai-based NGO working against child abuse, noted in a report that abusers use trickery, making the child feel special and blackmail to lure children. The report states, This process is known as ‘grooming’, and refers to a series of steps an abuser takes, such as gaining access to the child, developing a relationship with the child, making the child feel special by providing extra attention and gifts, to gradually beginning to touch the child.” This manipulation is why children find it difficult to say no.

World Vision India National Director Cherian Thomas said here while launching a campaign to end child sexual abuse and exploitation by 2021. The campaign targets 10 million children across 25 states and one union territory. The campaign works through our area programs that deal with different issues of health care typically malnutrition and early illness, education, child rights and protection and the improvement of resilience in communities,”

“The area programs are based in 186 districts that we operate the campaign will draw people from all walks of life to ensure a safe environment for children. Children are given training in different aspects, where they are taught about the good touch and the bad touch and various other relevant aspects and 98% of rapes being committed by people known to the children and they are come under one banner and umbrella to focus our work around child protection and People are sensitized over the issue if economic resilience as most of these abuse cases are a result of inadequate economic resilience in communities and to work along with other civil society organizations, and child rights organizations. People are sensitized over the issue if economic resilience as most of these abuse cases area result of inadequate economic resilience in communities.

Historical studies suggest that child work was widespread in Europe and North America in the 19th century, but declined very rapidly at the turn of the 20th century. The available historical evidence seems consistent with the fact that industrialization in western countries initially increased the demand for child labour.

Viazzo, P. P. (1996) while from the article “**Child Sexual Assault in Juvenile Justice Homes, the Asian Centre for Human Rights** said that sexual offences against children in India have reached epidemic proportion. The report stated that more than 48,000 child rape cases were recorded from 2001 to 2011 and that India saw an increase of 336% of child rape cases from 2001 (2,113 cases) to 2011 (7,112 cases). In 2000, the Women's World Summit Foundation (WWSF), a non-governmental organization, launched the World Day for Prevention of Child Abuse on November 19. WWSF, along with an international coalition of advocacy organizations for women and children's issues, mobilized governments and societies to take action and prevent child abuse. In 2001, APA, through its International Office, joined the coalition and also marked the day, November 19, as the World Day for the

Prevention of Child Abuse. APA developed the following fact sheet, "Violence Against Children in the US," with information on violence against children in the US. It includes tips for identifying and preventing child abuse, with an outline of the association's contributions to child abuse prevention.



Fig-1.1 Child abuse prevention (month)

National Child Abuse Prevention Month, also known as **Child Abuse Prevention Month** in America, is an annual observance in the United States dedicated to raising awareness and preventing child abuse. April has been designated Child Abuse Prevention Month in the United States since 1983.¹ U.S. President Barack Obama continued that tradition, and in 2016 issued a Presidential proclamation stating: "During National Child Abuse Prevention Month, we recommit to giving every child a chance to succeed and to ensuring that every child grows up in a safe, stable, and nurturing environment that is free from abuse and neglect."

Government of India study on child abuse (UNICEF) the findings of the Study on Child Abuse clearly indicate that a very large number of children in India are not even safe in their homes. It is here, in the home, that we must start tackling the problem of child abuse. Interventions are needed to bring about change in the ways family members behave towards children in the home.

Research shows that the incidence of abuse among school-going children is lower than amongst those who do not attend school. All efforts must therefore be made to ensure that all children attend school and that schools provide them with a protective **environment** that is free from **violence**, with an emphasis on the elimination of corporal punishment.

The recent news says that medical profession is arrested due to denial to report or identify a child abuse (**Times of India**). So the researcher assume that every nursing professional to be aware to identify cases and to be reported, meanwhile the parents have a role to identify a child abuse, their Physiological and behavior status of child also the family member specially mother to be attention toward child in their home . So the researcher took interest of the study to know the awareness of the child abuse among the mother from children. Childhood is an important phase in human life and child is a future asset of the society. They are like buds, which need to be properly nourished; nursed and cured so that they bloom fully into able human beings who contribute to the development of the society. Childhood is the best time to develop spiritual, intellectual and emotional aspects. Childhood is the formative period in human life. Children's mind is very soft, receptive and plastic at this tender age. It has to be shaped in a right manner. A child has to enjoy childhood days with parents, teachers, friends and relatives. It is the age with fine and long lasting impressions form in child's mind. As the child approach adolescence, the period of transition when the individual changes physically and psychologically from a child to an adult, the challenges are multiplied into many more dimensions. At no time do children see more precious to us than the year when they move from childhood into youth; when the world is opening before them, and they and we are dreaming big dreams of what the future will hold for them (Elizabeth, 1992). But the rule of nature has been crippled and this serene state of life is at crisis many times due to perilous child abuse. Child abuse is one of the most wretched and increasing social problem today. Any child can be abused since all children are dependent on adult in one way or other. Every day in the news we hear reports of one or other kind of child abuse. Exploitation of children is not restricted to the public sphere. Children are too often exposed to different forms of abuse in their own home with regard to sexual, physical, and emotional abuse. Child abuse – the physical, sexual and emotional abuse, exploitation and neglect of children- has been shown through the **World Report on Violence and Health (2002)** and the 1st **UN Secretary General's Study on Violence against Children (2006)** to be widely prevalent in all societies. Child abuse consists of any act of commission or omission by a parent or other caregiver that results in harm, potential for harm or threat of harm to a child (0-18 years of age) even if the harm is unintentional (**Gilbert, et al., 2009**).

1.2. SIGNIFICANCE OF THE STUDY

“The child is not a piece of stone that can be curved into any shape nor is a lump of clay that can be molded into any form”.

-Finkelhor and Korbin

Children have their own dynamic nature, seeking satisfaction. They have their own rights. They need adult care and protection. But now the scenario is changing and child abuse has emerged as a social issue involving a growing recognition of maltreatment as an unnecessary evil. They viewed child abuse as the portion of harm to children that results from human action that is proscribed (intentional), proximate and preventable.

Several surveys conducted by different government and non-government agencies revealed that child abuse is rampant in the country and especially in Kerala. The study of child abuse conducted by Prayas Institute of Juvenile Justice (2007) in Collaboration with the Ministry of Women and Child Development revealed that Two out of every three children were physically abused.

Over 50 percent of children in all the 13 sample states were subject to one or the other form of physical abuse. Out of 68.87 percent physically abused, 54.68 percent were boys. 88.60 percent were physically abused by parents. 53.22 percent children reported having faced one or more forms of sexual abuse. 5.69 percent were sexually assaulted. Every second child (both boys and girls) reported facing psychological abuse. 53 percent of children were abused at home and in their families. 65 percent of school-going children faced corporal punishment.

A report in **Mathrubhumi Newspaper** reveals that “Sexual abuses against children are increasing in Kerala. 449 cases were reported within four months from January 2015 to April 2015 and among these more cases are from Malappuram district (70 cases). The number of cases is increasing year by year. In 2013, 1002 cases were reported. In 2014 it increased to 1380. More sexual abuses are done by those who are close to the children. Three cases are reported in the District in which daughters gave birth to the child of their own father. Boys are sexually abused in unnatural way also (Mathrubhumi News Paper, June 30, 2015). On 7th July 2015 at

Kottakkal in Malappuram district, parents of a 6th standard student were arrested. The parents are earned money by using their eleven year old daughter by prompting her for sexual abuse. The child is sexually abused by about 40 persons. Parents have been earning money for one and half year byusing their daughter (Madhyamam News Paper, July 7, 2015). On October 1, 2015 a seventeen year old girl was sexually abused at Manjeri in Malappuram district (**Madhyamam Newspaper, October 1, 2015**). These reports point out the prevalence of the child abuse in **Malappuram district**. Abused children showed less confidence and low self-esteem and decline in the intellectual functioning due to their attachment disturbance and subsequent lack of emotion competence in many situations (**Erickson, 1989**).

Child in the basic unit of the building block of the society . It is our duty to protect our children from Child Abuse. Most of the cases of Child Abuse remain unreported for various reasons such as fear of being accused, parental desire to curb publicity, fear of relation by the offenders or his friends and fear of police procedures. The lack of awareness and fear among the children amplify the intensity of Child Abuse. It is felt that abuses and its threats can be overcome through proper awareness about different types of Child Abuse. So the investigator intended to test the child abuse awareness among Higher Secondary School students in Malappuram district of Kerala. The study examines whether there exists any significant difference in the mean scores of Child Abuse Awareness among Higher Secondary School students based on gender.

W.H.O Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity.

Neilson (2014) Child abuse include physical assault, physical neglect, emotional abuse, and sexual assault that involves physical contact. Child abuse has far-reaching negative effects on its victims and on society. Survivors of child maltreatment are at greater risk for physical, emotional, work, and relationship problems throughout childhood and into adulthood.

Johnson-Reid, Kohl, & Brett,(2012) All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other

exploitation, resulting in actual or potential harm to the child's health, survival development or dignity in the context of a relationship of responsibility, trust or power".

Richter & Dawes, (2008) potential harm and rests on actual harm being done to children...Flowing from above, child maltreatment or abuse can be categorized into physical abuse; emotional abuse; sexual abuse and neglect.

NATIONAL CHILD ABUSE STATISTICS

- **4 million** child maltreatment referral reports received.
- Child abuse reports involved **7.2 million children**.
- **3.4 million children** received prevention & post-response services.
- **207,000 children** received **foster care** services.
- **75.3%** of victims are **neglected**
- **17.2%** of victims are **physically abused**.
- **8.4%** of victims are **sexually abused**.
- **6.9%** of victims are **psychologically maltreated**.
- **Highest rate** of child abuse in children **under one** (24.2% per 1,000).
- Over one-quarter (27.%) of victims are **younger than 3 years**.
- Annual estimate: **1,670 to 1740 children** died from abuse and neglect.
- Almost **five children** die every day from child abuse.
- **80% of child fatalities** involve at least **one parent**.
- **74.8%** of child fatalities are **under the age of 3**.
- **72.9%** of the child abuse victims **die from neglect**.
- **43.9%** of the child abuse victims **die from physical abuse**.
- **49.4%** of children who die from child abuse are **under one year**.

- Almost **60,000** children are **sexually abused**.
- More than **90% of juvenile sexual abuse victims know their perpetrator**.
- Estimated that between 50-60% of maltreatment fatalities are **not recorded on death certificates**.
- Child abuse crosses all socioeconomic and educational levels, religions, ethnic and cultural groups.

Hindustan Times(2017) conducted a survey participated by more than 45,000 children in the 12- 18 age group, across 26 states in the country, revealed that one in every two children is a victim of child sexual abuse. The survey conducted by humanitarian aid organisation World Vision India with a sample of 45,844 respondents also revealed that one in every five do not feel safe because of the fear of being sexually abused. It also said one in four families do not come forward to report child abuse. “Despite one in every two children being a victim of child sexual abuse, there continues to be a huge silence. The magnitude of sexual violence against children is unknown,” World Vision India National Director Cherian Thomas said here while launching a campaign to end child sexual abuse and exploitation by 2021.

The “It Takes the World to End Violence against Children” campaign targets 10 million children across 25 states and one union territory.

“The campaign works through our area programmes that deal with different issues of health care typically -- malnutrition and early illness, education, child rights and protection and the improvement of resilience in communities,

Interestingly, the registered rape cases, in which women were sexually assaulted in their workplace, were only 2%. In child labour cases, boys were abused as frequently as girls according to the 2007 study conducted along with the Ministry of Women and Child Development. 488 cases saw the victim raped by grandfathers, brothers, fathers and even sons. At 55% and 49% respectively, Tamil Nadu and Gujarat reported the highest number of child workplace sexual abuse cases.

1. The number of cases registered for child abuse raised from 8,904 in the year 2014 to 14,913 in the year 2015, under the POSCO Act. Sexual offences and kidnapping account for 81% of the crimes against minors
2. Preventive measures designed to ward off strangers (installing CCTV cameras and providing self-defence training) will be ineffective, as children do not know how to ward off unwanted sexual advances from their known relatives, acquaintances or workplace seniors, who they trust.
3. POSCO: State wise cases - Uttar Pradesh led the highest number of child abuse cases (3,078) followed by Madhya Pradesh (1,687 cases), Tamil Nadu (1,544 cases), Karnataka (1,480 cases) and Gujarat (1,416 cases).

BBC News (2017) reported that in India, a child is sexually abused every 15 minutes, according to the latest government figures. The National Crime Records Bureau report, released on Thursday, shows a steady rise in incidents of offences against children. According to the report on crimes in India for 2016, released by Indian Home Minister Rajnath Singh in Delhi, 106,958 cases of crimes against children were recorded in 2016. Of these, 36,022 cases were recorded under Pocso (Protection of Children from Sexual Offences) Act. The BBC's Geeta Pandey in Delhi says India is home to the largest number of sexually abused children in the world, but there is general reluctance to talk about the topic so the real number of cases could be much higher. According to a 2007 study conducted by India's ministry of women and child development, 53% of children surveyed said they had been subjected to some form of sexual abuse.

UNICEF (2016) revealed five shocking facts about child abuse in India;

- Major abuse reported between the age group of 5 to 11 years
- Boys, as compared to girls are equally at risk of abuse
- Persons in trust and authority are major abusers, mostly parents
- 48.4% girls wished they were boys
- Most children reported the issue to no one

One of the major problems in understanding the scope of the subject of 'child abuse' is that it is extremely difficult to get responses from children on such a sensitive subject because of their inability to fully understand the different dimensions of child abuse and to talk about their experiences. It is therefore difficult together data on abused children. Within countries, much less from country to country or region to region. Yet governments do estimate that the number of abused and neglected children is alarming, and unless governments get their act together and respond to the situation by way of both prevention and treatment, we will be doing a grave in justice to our children and would be denying them their basic rights.

Every year, thousands of families welcome a new baby into their home. The upcoming years are spent watching Disney movies, going to parks and petting zoos, buying ice cream from the truck, and finger painting with their family. Almost all those children brought into the world get to experience what it is to have a loving family, but for a small percentage, life is not so rosy. They are forced to deal with things that most of us would never imagine in our worst nightmares.

According to WHO (2010))It is estimated that 25-50% of children have suffered some forms of physical abuse and annually, there are 31, 000 homicides recorded among children under 15 years.

There are also widespread disparities in available estimates due to variations in operational definitions employed in studies on child abuse the quality of official statistics (**WHO, 2010**); different national reporting requirements and whether sample population consisted of potential perpetrators or victims of abuse.

These findings and assertions are in tandem with the recent South African Police Service's crime statistics report for **2011/2012** which showed that between **April 2011 and March 2012, 1 in 10** cases of reported serious contact crimes committed in South Africa were perpetrated against a child(**SAPS,2012**). According to the report, serious contact crimes include murder, attempted murder, sexual offences, assault with grievous bodily harm, common assault, aggravated robbery and common robbery. The same report showed that 1 in 20 of all reported murder as well as attempted murder cases were children .

Rape 227,080 children are sexually abused each year. Assaults 811,000 children are physically abused each year. Hatred 97,320 children are emotionally abused each year. Neglect 2,011,280 children are neglected each year. Murder 60,500 children die of child abuse each and every year. Child abuse is a state of emotional, physical, economic and sexual maltreatment meted out to a person below the age of eighteen and is a globally prevalent phenomenon.

Jewkes et al., (2009). In South Africa, according to a recent report by the South African Medical Research Council , child abuse is still a pervasive problem despite the protection offered by various legislative instruments enacted since the advent of popular democracy .

Andersson& Ho-Foster,(2008) In the survey, male child sexual abuse was very common especially in rural areas with 44% of all the male children respondents reporting that they have been coerced into having sex.

Although parents have been raising children for thousands of years, it wasn't until the early seventies that child abuse was considered a crime in **America, and in 2007** it remains the least recognized and least reported crime.

1.3 NEED FOR THE STUDY

“ IT SHOULD NOT HURT TO BE A CHILD”

Globally, child abuse and its consequences remain a major public health problem .Psychologists conducted a study in the **United States in 2010** which examined over 200 regular church attendees from eleven different denominations of Christianity, most of whom were educated, upper-middle class White Americans, found that extrinsic religious orientation was associated with a greater risk of physical child abuse.

A **2010** article in the BBC reports that thousands of African children have been abandoned, tortured and murdered because they are believed to be witches.

According to WHO, 2010, Despite the limitations associated with accurately determining the burden of child abuse, the United Nations Secretary General report on child abuse estimated that about 150 million girls and another 73 million boys less than 18 years were sexually assaulted worldwide (**Pinheiro, 2006**). Estimates from

high-income countries showed that 4-16% and about 10% of children have been physically abused and subjected to psychological maltreatment respectively.

In 2009 CBS News states that Unemployment and financial difficulties are associated with increased rates of child abuse. reported that child abuse in the United States had increased during the economic recession. It gave the example of a father who had never been the primary care-taker of the children. Now that the father was in that role, the children began to come in with injuries.

According to major countries, U.S. Department of Homeland Security(2013) Fresno area men among more than 250 child predators arrested during Operation of Guardian Investigators note ‘disturbing’ trends involving online enticement . Nine Fresno -area residents are among the 255 child predators arrested during a Five week operation conducted by U.S. Immigration and Customs Enforcement’s (ICE) Homeland Security Investigations (HSI) and Internet Crimes Against Children (ICAC) task forces across the United States and its territories Operation I Guardian, which ran May 28 to June 30, was a surge operation conducted as part of HSI’s Operation Predator to identify and rescue victims of online sexual exploitation and to arrest their abusers as well as others who own, trade and produce images of child pornography.

In surveying public school students in Grades 6, 9 and 12 in the United States. A further study in the United States found that 28% of physically abused adolescents used drugs compared to 14% of non-abused adolescents Compared to 22% of the non-abused group, 36% of physically abused adolescents also had high levels of alcohol use.

Recent study by the Centers for Disease Control (CDC) estimated the total lifetime economic burden resulting from child maltreatment in the United States to be as large as \$585 billion (**Fang, Brown, Florence, & Mercy, 2012**).

A study conducted by members from several Baltic and Eastern European countries, together with specialists from the United States, examined the causes of child abuse in the countries of Latvia, Lithuania, Macedonia and Moldova. In these countries, respectively, 33%, 42%, 18% and 43% of children reported at least one type of child abuse. According to their findings, there was a series of correlations

between the potential risk factors of parental employment status, alcohol abuse, and family size within the abuse ratings. In three of the four countries, parental substance abuse was considerably correlated with the presence of child abuse, and although it was a lower percentage, still showed a relationship in the fourth country (Moldova). Each country also showed a connection between the father not working outside of the home and either emotional or physical child abuse.

SOMYA AGARWAL (2016) conducted a research on child abuse in India across various states of the country . The major findings of the research are,

Physical Abuse

1. Two out of every three children were physically abused.
2. Out of 69% children physically abused in 13 sample states, 54.68% were boys.
3. Over 50% children in all the 13 sample states were being subjected to one or the other form of physical abuse.
4. Out of those children physically abused in family situations, 88.6% were physically abused by parents.
5. 65% of school going children reported facing corporal punishment i.e. two out of three children were victims of corporal punishment.
6. 62% of the corporal punishment was in government and municipal school.
7. The State of Andhra Pradesh, Assam, Bihar and Delhi have almost consistently reported higher rates of abuse in all forms as compared to other states.
8. Most children did not report the matter to anyone.
9. 50.2% children worked seven days a week.

Sexual Abuse

1. 53.22% children reported having faced one or more forms of sexual abuse

2. Andhra Pradesh, Assam, Bihar and Delhi reported the highest percentage of sexual abuse among both boys and girls.
3. 21.90% child respondents reported facing severe forms of sexual abuse and 50.76% other forms of sexual abuse
4. Out of the child respondents, 5.69% reported being sexually assaulted
5. Children in Assam, Andhra Pradesh, Bihar and Delhi reported the highest incidence of sexual assault.
6. Children on street, children at work and children in institutional care reported the highest incidence of sexual assault.
7. 50% abuses are persons known to the child or in a position of trust and responsibility.
8. Most children did not report the matter to anyone.

Emotional Abuse and Girl Child Neglect

1. Every second child reported facing emotional abuse.
2. Equal percentage of both girls and boys reported facing emotional abuse.
3. In 83% of the cases parents were the abusers.
4. 48.4% of girls wished they were boys.

This study was conducted by reviewing medical literature, published between **January 1987** and **May 2005**. In addition, reports were obtained from regional meetings and professional organizations. Each study or report was reviewed, assessed, and summarized. The result of this study was three studies from Kuwait identified 27 children; 22 with physical abuse, 3 with sexual abuse, and 2 with Munchausen's syndrome by proxy (MSP), and 3 deaths. Eleven case reports from Saudi Arabia identified 40 abused children; 24 with physical abuse, 6 with sexual abuse, 4 with MSP, and 6 with neglect. Fatal outcome was documented in 5 children. In Oman, 5 cases of MSP were reported. A total of 150 hospital-based cases were reported from Bahrain; 50 with physical abuse, 87 with sexual abuse, and 10 with both forms of abuse. In Yemen, population based surveys revealed a wide spread use

of corporal punishments and cruelty to children at homes, schools, and juvenile centers, which ranged from 51-81%.

In Asia child abuse reports are certain child abuse and neglect issues are common in almost all countries at the global level such as physical abuse, sexual abuse, emotional and psychological abuse, abandonment and, increasingly, problems of street children , there are also many issues which are prevalent only in certain regions of the world. For instance, in Asia where population density is high, the issues of child labor and child sexual exploitation are also high. Prevention of child abuse and neglect is still an uncharted field in Asia. The largest population of children in the world live in South Asia and majority of these children lack access to proper healthcare, nutrition and education. This reflects the socio-economic reality of the developing countries of the Asian region. The main factors that contribute to the magnitude of the problem of child abuse are poverty, illiteracy, caste system and landlessness, lack of economic opportunities, rural-urban migration, population growth, political instability and weak implementation of legal provisions.

In India, Bangalore saw a number of cases of child sexual abuse in **2014** and people were out on streets protesting against the rise in crime against children. Out of 289 cases registered under Protection of Children Against Sexual Offenses Act (POCSO) in the last two years.

In India harmful traditional practices like child marriage, caste system, discrimination against the girl child, child labor and Devadasi tradition impact negatively on children and increase their vulnerability to abuse and neglect. Lack of adequate nutrition, poor access to medical and educational facilities, migration from rural to urban areas leading to rise in urban poverty, children on the streets and child beggars, all result in breakdown of families. These increase the vulnerabilities of children and expose them to situations of abuse and exploitation.

In India 33,098 cases of crimes against children were reported **during 2011** as compared to 26,694 cases **during 2010**, suggesting a recent increase of 24.0 percent. Reports show that 53.22% of the abused children reported having faced one or more forms of sexual abuse.

According to the report **published in 2005** on 'Trafficking in Women and Children **in India**', 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution.

The population of children aged 0-6 years is 16.4 crores as per the **2007** Census. According to a **UNESCO** report, however, of the total child population, 2.07 crores (6%) are infants below one year; 4.17 crores (12%) are toddlers in the age group 1-2 years; 7.73 crores (22.2%) are pre-schoolers in the age group 3-5 years. The report highlights that only 29% of pre-primary age children are enrolled in educational institutions in India.

India has the world's largest number of sexually abused children, with a child below 16 years raped every 155th minute, a child below 10 every 13th hour and one in every 10 children sexually abused at any point of time. The National Crime Records Bureau (**NCRB**) reported 14,975 cases of various crimes against children in **2005**. Services under the **ICDS** scheme covered only 3.41 crore children in the age group 0-6 years as in **March 2004**, which is around 22% of the total children in that age group. Supplementary nutrition too was being provided to 3.4 crore children, as against 16 crore children. Of these, 53% were reported to be under-nourished.

Child abuse in India, according to the NCPCR (National Commission for Protection of Child Rights) report, increased to 763 for **2009-10** from 35 in **2007**-Child abuse complaints included incidents of rape, trafficking, humiliation, physical and mental torture. As per the NCPCR report, in India, the maximum numbers of child abuse complaints were received from Uttar Pradesh, which stood at Delhi, Orissa, Bihar and Madhya Pradesh and West Bengal followed Uttar Pradesh from where 127,58,46,42 and 39 cases were received respectively. Northeastern states of India, Sikkim, Meghalaya, and Tripura reported no child abuse complaints.

One of the major problems in our country is child abuse and women abuse. The most of the time children handling by teachers than parents. So both of them can be a safeguarding their children. Therefore, the researcher felt this topic is so important and evident topic for today's society and had interest to evaluate the

knowledge of teachers in the selected school and give information Pamphlet to them so that they are benefitted. As today's children are the future of our country so safeguarding the children is safeguarding the nation.

Review of related literature shows that Child abuse is an infringement of a child's basic human rights (Kellog, Parra & Menard, 2007), which occurs across cultural and societal boundaries, despite variations in its incidence, form and definition. It is common in developing and developed countries (Finkelhor, 2000). In 1974, the US congress passed The Child Abuse Prevention and Treatment Act. They defined child abuse as "the physical mental injury, sexual abuse, negligence or maltreatment of the child, under the age of eighteen, by a person who is responsible for child's welfare which indicates that child health and welfare is threatened thereby".

Physical abuse is an act of another party involving contact intended to cause of feelings of physical pain, injury or other physical suffering or bodily harm. It is the inflicting of physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. The parent or caretaker may not have intended to hurt the child. It may however, be the result of over-discipline or physical punishment that is inappropriate to the child's age (WHO, 1999). Emotional abuse is also known as verbal abuse, mental abuse and psychological maltreatment. It includes acts or failure to act by parents or caretakers that have caused or could cause, serious behavioural, cognitive, emotional or mental trauma. Sexual abuse is defined as the involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend to which they are unable to give informed consent or that violate the social taboos of family roles. It includes pedophilia, incest and rape (Kempe et al, 1962). Neglect implies the failure of the parent to act properly in safeguarding health, safety and wellbeing of child. Child Abuse Awareness is the degree of information or knowledge about child abuse and understanding of different ways of responding in certain situations which may lead to the occurrence of abuse.

There are number of studies related to child abuse. WHO (2013) conducted a study of childhood abuse experiences among 1277 students of high schools and universities indicates that a high reported prevalence of physical abuse (21%),

emotional abuse (10.8%), sexual abuse (12.6%), physical neglect (20%) and emotional neglect (30.6%). Both male and female affected sexual abuse. A study of child abuse awareness conducted by Usha&Remitha (2009) reveals that boys and girls significantly differ in their awareness about child abuse. Girls have more awareness than boys. Rural and Urban students also differ significantly in the awareness of child abuse. Gafoor&Gifty (2013) conducted a study Child Abuse in relation to Anxiety in Idukki District indicates that 97.7% children undergo severe or mild form of abuses.. The study reveals that the majority of abuses take place also within the family environment except sexual abuse from neighbours. All types of child abuses except sexual abuse and child labour ,more among in boys than girls. There is significant and positive relation between child abuses of all types, except child labour, and student's Anxiety. Since child abuse is the major issue in our society, the researcher was interested to do the study on child abuse.

1.4 STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school Coimbatore.

1.5 OBJECTIVES

- To assess the existing knowledge on child abuse among school age children
- To evaluate the effectiveness of video assisted teaching regarding child abuse among the school age children
- To find out the association between the pretest knowledge level of the school age children with their selected demographic variables.

1.6 HYPOTHESIS

H₁: The mean posttest knowledge level will be significantly higher than mean pretest knowledge level of the school age children.

H₂: There will be significant association between the pretest knowledge level of the school age children with their selected demographic variables.

1.7 OPERATIONAL DEFINITION

Evaluate : An evaluation is an appraisal of something to determine its worth or fitness. In this study the information on knowledge of the school age children regarding child abuse was evaluated.

Effectiveness : It is the capability of producing a desired output. In this study, it refers to determine the extent to which the video assisted teaching has achieved the desired effect in improving the knowledge of the school age children regarding child abuse.

Child abuse : Child abuse is any form of physical, emotional and/or sexual mistreatment or lack of care that causes injury or emotional damage to a child

School age children : The age at which a child may or must begin to attend school and the years during which attendance at school is required or customary.

Video assisted teaching: Well organized teaching material prepared and taught by using video. In this video assisted teaching on child abuse was prepared for school age children.

Knowledge : Information gained through experience on education. It refers to correct response to school age regarding child abuses which is measured by structured questionnaire.

1.8 ASSUMPTIONS

This study assumes that,

- School ages are at risk of child abuse
- School ages are exposed to child abuse
- School ages may have inadequate knowledge of child abuse
- Education may help to improve the knowledge of child abuse
- Knowledge regarding child abuse helps the school ages to protect themselves from the negative impacts.

1.9 DELIMITATIONS OF THE STUDY

The study delimited to,

- School age children
- Knowledge will be assessed only through the structured questionnaire.

1.10 PROJECTED OUTCOMES

- The findings of the study will help to improve the knowledge of the school age regarding child abuse.
- The findings help to assess the effectiveness of video assisted teaching to improve the knowledge of school ages.
- The findings help to reduce the incidence of child abuse.

1.11 CONCEPTUAL FRAMEWORK:

A conceptual framework is a group of related concepts and a set of propositions that spell out the relationship between them. It provides an overall view or orientation to focus thoughts. A conceptual framework is used in research to outline possible courses of action. Their overall purpose is to make specific findings meaningful and generalizable.

Conceptual framework facilitates communication and provides for a systematic approach to nursing research, education, administration and practice.

Conceptual framework selected for this study was based on **Imogene King's "Goal Attainment Theory"**: King stated that "the structure of a system may be reflected by a human being viewed as an open and dynamic system interacting with an environment. The major element of the theory of goal attainment are seen in the interpersonal systems in two people, who are usually strangers, come together in a healthcare organization to help and be helped to maintain a state of health that permits functioning in roles.

The concepts of the theory are interaction, perception, communication, transactions, role, stress, growth and development, time and space. These concepts

are interrelated in every nursing situation. These terms are defined as concepts of conceptual framework.

Interaction

Interaction is a kind of action that occurs as two or more objects have an effect upon one another. The idea of a two way effect is essential in the concept of interaction, as opposed to a one way casual effect. Video assisted teaching on child abuse.

Perception:

A person imports energy from the environment and transforms, processes and stores it. The individual then exports this energy as demonstrated by observable behavior. In this study, the investigator perceives learning needs of school age children regarding child abuse.

Communication:

It is a process whereby information is given from one person to another person either directly or indirectly. Investigator administers the structured questionnaire to assess the knowledge regarding child abuse.

Transaction:

It is an observable behavior of human beings interacting with that environment. in this study, through the video assisted teaching the school age children acquired knowledge regarding child abuse.

Role:

It is a set of behaviors expected of persons occupying a position in a social system. In this study, the knowledge gained out of the teaching makes the school age children to protect themselves from child abuse.

Stress:

It is a dynamic state whereby a human-being interacts with the environment to maintain balance for growth and development and performance. In this study, after

completion of the teaching, the school age children are enriched with knowledge to handle the situation.

Growth and development:

The continuous changes in individuals at the cellular, molecular and behavioral levels of activities. In this study, the school age children mature through the knowledge obtained.

Time:

A person experiences a sequence of events that move toward the future. The school age children refine their practice in their life.

Space:

It is a specific behavior exists for the person. In this study specific refined behavior will be achieved by the school age children.

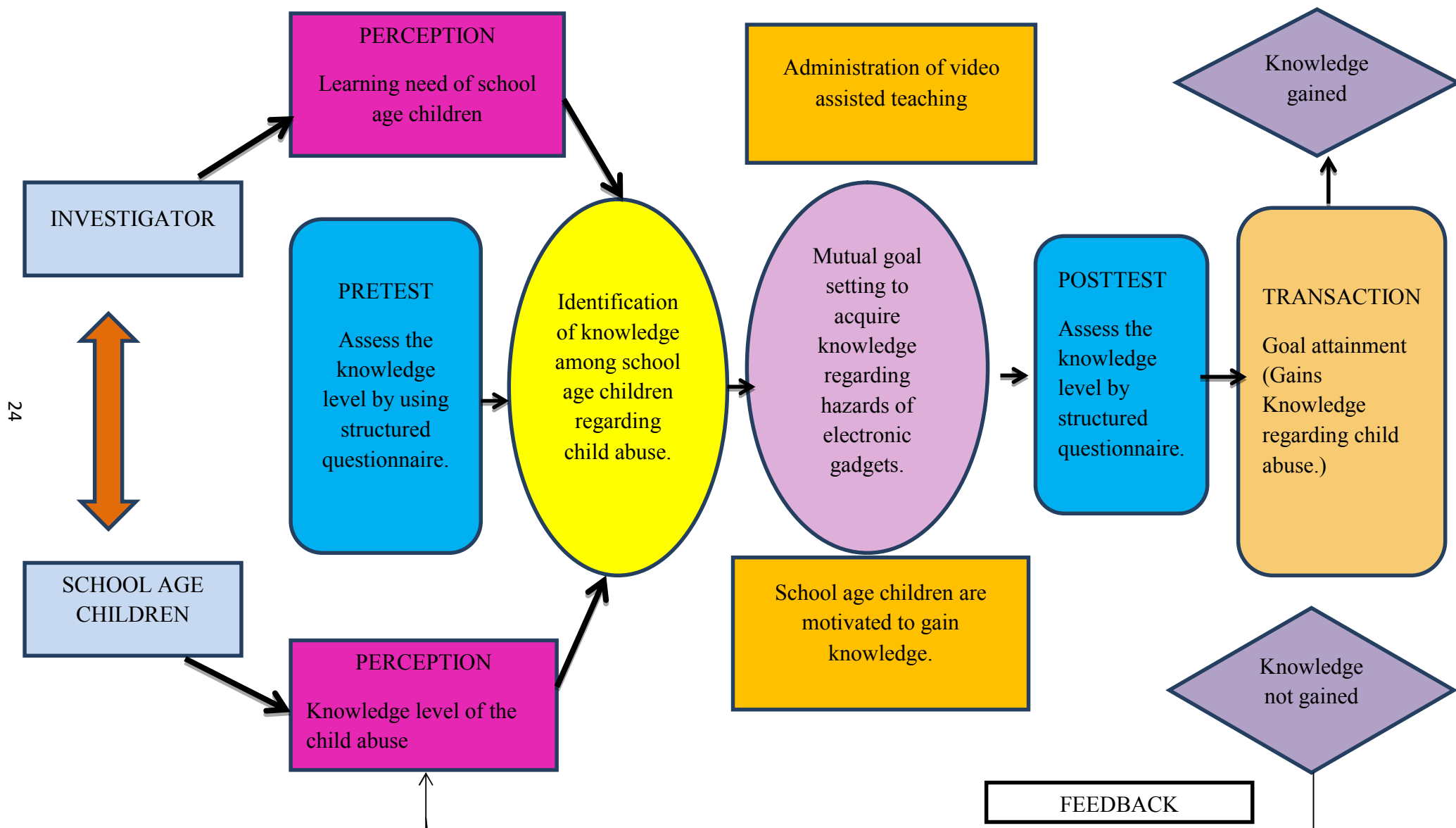


Fig: 1.2CONCEPTUAL FRAMEWORK ON IMOGENE KING'S GOAL ATTAINMENT

CHAPTER- II

REVIEW OF LITERATURE

CHAPTER-II

REVIEW OF LITERATURE

“There is little doubt that child abuse and childhood experience of loss, when no Effective opportunity is provided for the child to make sense of these experiences constitutes unresolved trauma which is likely to manifest itself in some way at a later date”.

-Boswell, 1997:35

The literature review has been called the “Cinderella” of research, because it is often seen as the poor relation to primary research, or the dull but necessary prelude to a research report or proposal. Literature reviews are found in many places and are written for many reasons, including “proposals for funding and for academic degrees, in research articles, in guidelines for professional and evidence-based practice, and in reports to satisfy personal curiosity”.

Review of Literature provides with the current theoretical and scientific knowledge about a particular problem and resulting synthesis of what is known and not known. Current information is received by regularly searching the literature on topics of particular interest. The review of literature in quantitative search is conducted to direct the planning and execution of a study. The major literature is performed at the beginning of the research process and a limited review provides a basic understanding of the study problem and evidence that the study conducted was appropriate as indicated by the current knowledge of this problem.

The Review of Literature further divided into 2 sections as follows:

Section A : Studies and literature related to incidence and prevalence of child abuse

Section B : Studies and literature related teaching programme and knowledge on prevention of child abuse.

2.1 SECTION A: Studies Related To Incidence And Prevalence of Child Abuse:

Cawson et al, (2000) conducted a study to survey and suggest that one in six children across the UK experience serious abuse at some time during their childhood. It would now enable direct comparison with the proportion of the general population abused if a similar methodology were used with young people in custody. Child abuse is an international phenomenon. UK statistics obtained from the Child Protection Register in 1999 stated 42% of referrals reported cases of neglect and 31% reported physical injury. More recent figures from (2004/05) show a total of 25,900 children on the Child Protection register as of 31 March 2005: 11,400 for reasons of neglect, 3,900 for physical abuse, 2,400 for sexual abuse, 5,200 for emotional abuse, 3,000 for multiple reasons. However, it is accepted that annual registration figures cannot be taken as an accurate measure of child abuse alone – young people will feature on the registration list for being ‘at risk’ of abuse as opposed to having already experienced it, many are excluded when they are known to have been abused, and of course there are the young people whose abuse is not yet known and is therefore not recorded.

Skuse et al (2002) revealed that sexual abuse is possibly easier to define but often hard to identify, particularly among male victims, due to the stigma that surrounds it and the impact this has on people’s ability and willingness to disclose. The researcher reported prevalence figures vary between (3% and 37% for boys, and 6% to 62% for girls).

According to the report **published in 2005** on *'Trafficking in Women and Children in India'*, 44,476 children were reported missing in India, out of which 11,008 children continued to remain untraced. India, being a major source and destination country for trafficked children from within India and adjoining countries has, by conservative estimates, three to five lakh girl children in commercial sex and organized prostitution.

Bhat DP, Singh M et, al; (2006) conducted a cross sectional study to evaluate the prevalence of physical and sexual abuse, and their relation to mental health problems among the illiterate, /semiliterate runaway adolescents at New Delhi, India. A total of 72 (62%) boys experienced domestic violence, 70(59%) had engaged

substance abuse and 103 (87%) boys had been employed as child laborers. Physical abuse was reported by 86 (72%) and sexual abuse by 42 (35%). Mental health problems were recognized in 83 (70%) boys, which included internalizing syndromes (59%) and externalizing syndromes (34%).

Carlos Blanco (2007) In this study examines the prevalence, correlates, and psychiatric disorders of adults with history of child sexual abuse (CSA). Data were derived from a large national sample of the US population. More than 34 000 adults 18 years and older residing in households were interviewed face-to-face in a survey conducted during the 2004-2005 period. Diagnoses were based on the Alcohol Use Disorder and Associated Disabilities Interview Schedule–*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, and version. Weighted means, frequencies, and odds ratios of sociodemographic correlates and prevalence of psychiatric disorders were computed. Logistic regression models were used to examine the strength of associations between CSA and psychiatric disorders, adjusted for sociodemographic characteristics, risk factors, and other Axis I psychiatric disorders. The prevalence of CSA was 10.14% (24.8% in men and 75.2% in women). Child physical abuse, maltreatment, and neglect were more prevalent among individuals with CSA than among those without it. Adults with CSA history had significantly higher rates of any Axis I disorder and suicide attempts. The frequency, type, and number of CSA were significantly correlated with psychopathology. The high correlation rates of CSA with psychopathology and increased risk for suicide attempts in adulthood suggest the need for a systematic assessment of psychiatric disorders and suicide risk in these individuals. The risk factors for CSA emphasize the need for health care initiatives geared toward increasing recognition and development of treatment approaches for the emotional sequelae CSA as well as early preventive approaches.

Ministry of Women and Child Development (2007) conducted a study related to physical abuse and sexual abuse, involving 12,447 children, reported that 69% were physically abused and 53% were subjected to one or more forms of sexual abuse.

A study was conducted by **National study of child abuse in India April 2007**, covering 13 states and sample size was 12,446 children. The result of the study

was 22% faced severe sexual abuse, 6% sexually assaulted, 53% children report facing one or more forms of sexual abuse, 50% of sexual offenders were known to the victim or were in position to trust (family member, close relative, friend or neighbor), 5-12years group faced higher levels of abuse, largely reported, severest sexual abuse in age group of 11 to 16 years, 73% of sexual abuse victims were in age group of 11-18years.

Juana Gomez-Benito (2008) The purpose of this paper was to compare the prevalence rates of child sexual abuse. *The results revealed that* Thirty-eight independent articles were identified, corresponding to 39 prevalence studies; these articles report the prevalence of childhood sexual abuse in 21 different countries, ranging from 0 to 53% for women and 0 to 60% for men .Comparison of the present study with that of “The international epidemiology of child sexual abuse” shows a similarity between prevalence distributions; there appears to be a general pattern that remains more or less constant over the years, especially in women. The present study shows child sexual abuse is still a widespread problem in the society. In this research, carried out on 38 independent studies, there is new data for 21 countries over the world, being especially relevant the results obtained from other countries different from those pertaining to North America or Europe. It is important to point out the high prevalence found in most of the countries, so this information could be a new warning to make society and governments aware of this problem and undertake actions to prevent sexual abuse in childhood.

Tourigny M. Hebert M. (2008) conducted a study to determine the prevalence and co-occurrence of various forms of violence (physical, sexual and psychological) and explore gender and age difference. The incidence of different forms of child maltreatment at Australia and Quebec (Canada) revealed that rates at were similar. A telephone inquiry was conducted with a representative sample of 1,002 adults from the province of Quebec .More than one in three adults (37%) reported having experienced at least one of three forms of violence in childhood. Twelve per cent (12%) of the adults experienced two forms of violence while 4% of the respondents reported having experienced all three forms of violence in childhood. Psychological violence (22%) was the form most frequently reported, followed by physical violence (19%) and sexual violence (16%).These results, including both the global rates and those particular to each gender, are comparable to findings in similar

North American studies. The co-occurrence rates noted are salient enough to necessitate particular attention to diverse clinical clientele and need to be considered in future research exploring the risk factors of violence and its subsequent repercussions.

Harkness & Lumley, (2008) concluded in their seven large-scale studies, all studies showed a high association between child maltreatment and depression in adolescence. For example, the authors cited a longitudinal study by Brown and colleagues which found that children and adolescents who reported a history of abuse or neglect were three times more likely to exhibit a depressive disorder than non-maltreated children, 62% of children met the criteria for at least one mental health diagnosis.

Child abuse in India, according to the NCPCR (National Commission for Protection of Child Rights) reports, increased to 763 for **2009-10** from 35 in **2007-** Child abuse complaints included incidents of rape, trafficking, humiliation, physical and mental torture. As per the NCPCR report, in India, the maximum numbers of child abuse complaints were received from Uttar Pradesh, which stood at Delhi, Orissa, Bihar and Madhya Pradesh and West Bengal followed Uttar Pradesh from where 127,58,46,42 and 39 cases were received respectively. Northeastern states of India, Sikkim, Meghalaya, and Tripura reported no child abuse complaints.

Shenk & Putnam, (2009) concluded in their Meta-analyses of 21 studies of child sexual abuse reported that this form of abuse more than doubled the risk of adolescent pregnancy (i.e., prior to age 20 years).

Fergusson and colleagues (2010) found that young women (18 years of age) exposed to child sexual abuse had significantly higher rates of teenage pregnancy, increased rates of sexually transmitted diseases, and higher rates of multiple sexual partnerships and appeared to be more vulnerable to further sexual assault and rape.

Bruck, Maggie, Ceci, Stephen (2010) found out the empirical basis for the child sexual abuse accommodation syndrome (CSAAS), a theoretical model that posits that sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements was reviewed. Two data sources were evaluated: retrospective studies of adults' reports of having been abused as children and

concurrent or chart-review studies of children undergoing evaluation or treatment for sexual abuse. The evidence indicates that the majority of abused children do not reveal abuse during childhood. However, the evidence fails to support the notion that denials, tentative disclosures, and recantations characterize the disclosure patterns of children with validated histories of sexual abuse. These results are discussed in terms of their implications governing the admissibility of expert testimony on CSAAS.

In India 33,098 cases of crimes against children were reported during 2011 as compared to 26,694 cases during 2010, suggesting a recent increase of 24.0 percent. Reports show that 53.22% of the abused children reported having faced one or more forms of sexual abuse.

Roberto Maniglio (2011) analysed large amount of studies and literature reviews on the consequences of child sexual abuse has appeared over the past twenty years. To prevent that the inconsistency in their conclusions along with their methodological differences and limitations may create interpretative difficulties, mistaken beliefs, or confusion among all professionals who turn to this literature for guidance, this paper addresses the best available scientific evidence on the topic, by providing a systematic review of the several reviews that have investigated the literature on the effects of child sexual abuse. Seven databases were searched, supplemented with hand-search of reference lists from retrieved papers. The author and a psychiatrist independently evaluated the eligibility of all studies identified, abstracted data, and assessed study quality. Disagreements were resolved by consensus. Fourteen reviews, including more than 270,000 subjects from 587 studies, were analyzed. There is evidence that survivors of childhood sexual abuse are significantly at risk of a wide range of medical, psychological, behavioral, and sexual disorders. Relationships are small to medium in magnitudes and moderated by sample source and size. Child sexual abuse should be considered as a general, nonspecific risk factor for psychopathology.

Valtolina GG. Colombo. C (2012) Conducted a quantitative research on emotional neglect in children. "Children left behind" refers to minors who are left in their home country while one or both of their parents emigrate for work for at least six months. The emotional neglect felt by these children is associated with lack of affection and physical intimacy. Through a review of the literature, the purpose of this

paper was to show that distress in this pattern of deprivation is manifested by the children in several ways and in different contexts: low school performance, drop-out from school, conflicts with teachers and peers, anxiety low self-esteem, tendency to feel depressed, apathy, suicidal behaviour, and substance abuse.

Trickett Penelope K. Mc Bride - Chang Catherine (2012) In this paper reviews and integrates research knowledge about the impact of different forms of child maltreatment-physical abuse, sexual abuse, and neglect. Both the short-term impact on the child and the long-term impact on the adolescent and adult are considered. A developmental perspective guides the review. Research studies on these forms of child maltreatment which meet certain criteria (e.g., an appropriate comparison group) are reviewed with the aim of understanding how the experience of child abuse or neglect interferes with development at the time it is experienced and how it may affect the resolution of later developmental processes or tasks as the individual goes through adolescence and then adulthood. Evidence about the role of other mediating factors such as gender and other individual difference variables, characteristics of maltreatment, and family environment is also presented. Gaps in knowledge are noted, and recommendations are made for future.

Mathews et al.,(2012) released a recent crime statistics released by the South African Police Service showed that children are increasingly being targeted by abusers and common criminals alike. The crime statistics report for 2012 showed that 25862 children (representing 40.1% of sexual offences) were victims of sexual offences. During the same period, more than 23,000 children were assaulted with almost half of them suffering grievous bodily harm in the process. The results depicts Twenty of 365 studies (5.5%) yielded fractures involving the spine, hands, or feet. Of all positive skeletal surveys, 8.9% (20/225) had fractures involving the spine, hands, or feet.. The conclusion was the benefits of eliminating views of these regions from the initial skeletal survey should be carefully weighed against the cost of missing these potentially important injuries in at-risk pediatric populations.

Teicher MH, Samson JA (2013)Conducted a study on Childhood maltreatment increases risk for psychopathology for some highly prevalent disorders. Neurobiological findings in maltreated individuals were reviewed and compared with findings reported for these disorders. Maltreated individuals with major depression,

anxiety and substance use and post traumatic stress disorders have an earlier age at onset, greater symptom severity, more co morbidity, a greater risk for suicide, and poorer treatment response than non maltreated individuals with the same diagnoses. Maltreated individuals also differ from others as a result of epigenetic modifications and genetic polymorphisms that interact with experience to increase risk for psychopathology. Phenotypic expression of psychopathology may be strongly influenced by exposure to maltreatment, leading to a constellation of eco phenotypes. While these eco phenotypes fit within conventional diagnostic boundaries, they likely represent distinct subtypes.

Loops NR, Williams LC, et,al;(2013) conducted a pediatric abusive head trauma as a form of physical abuse against infants and young children at Brazil, highlighting the prevalence, signs and symptoms, consequences, risk factors for its occurrence, and prevention. It occurs mainly in infants and children under 1 year of age and may result in severe consequences, from physical or mental disabilities to death. Although there are specific signs for this form of abuse, they can be mistaken for common illnesses in children or accidental head injury; thus, clinical training of professionals involved in the assessment of cases to attain the correct diagnosis is crucial. It is suggested that its incidence indicators be assessed at the national level.

Stefanie, Doyle Peters (2013) conducted a study on methodological considerations in research on the prevalence of child sexual abuse Recent studies with nonclinical populations have yielded widely varying estimates of the prevalence of child sexual abuse. This paper focuses on four representative studies, describing how differences in methodology and sample characteristics may contribute to the variation in prevalence rates. Two aspects of data collection appear to be the most significant factors accounting for discrepant findings. First, the use of face-to-face interviews is associated with much higher prevalence rates than the use of self-administered questionnaires. Second, higher prevalence rates are reported in studies that use multiple questions to ask about specific types of abusive sexual behavior. Variation in the age range of subjects is an additional factor that may also have an effect on prevalence rates. The evidence reviewed points to several aspects of methodology and sample characteristics that do not seem to influence prevalence findings. These are the use of random sampling techniques, the area of the country in which the study is

conducted, the educational level of subjects, and the ethnic composition of the sample.

Nichols. J, Embleton, et.al;(2014) conducted a quantitative study to determine whether orphans are more likely to experience physical and/or sexual abuse compared to non-orphans at sub-Saharan Africa (SSA) The studies consisted of a total 17,336 participants (51% female and 58% non-orphans). Of those classified as orphans (n=7,315), 73% were single orphans, and 27% were double orphans. The majority of single orphans were paternal orphans (74%). Quality assessment revealed significant variability in the quality of the studies, although most scored higher for general design than dimensions specific to the domain of orphans and abuse. Combined estimates of data suggested that, compared to non-orphans, orphans are not more likely to experience physical abuse (combined OR=0.96, 95% CI [0.79, 1.16]) or sexual abuse (combined OR=1.25, 95% CI [0.88, 1.78]). These data suggest that orphans are not systematically at higher risk of experiencing physical or sexual abuse compared to non-orphans in sub-Saharan Africa.

Cheah Choo (2015) conducted a study, the aim of this review was to summarize published literature on child abuse and neglect and its consequences in Malaysia, to discuss the implications of the research findings and to identify gaps in the local literature on child abuse and neglect. Medical and social literature in the English language published between the year 2000 to 2015 were searched for, resulting in forty four papers to be reviewed inclusive of a few key papers in the earlier years to provide some background information. The literature shows that child abuse and neglect is an important impact factor on mental health outcomes, involvement in substance abuse and delinquency due to the slant of the research interest from social studies. At least 70% of perpetrators are known to the affected children according to school-based prevalence studies. Safety programs and rehabilitation outcome studies involve small cohort groups. Studies on childhood mortality from child abuse or neglect are very limited. Overall, there are a few comprehensive studies involving school children but overall available studies are too patchy in to advocate for resource allocation, change in statutory procedures or training requirements. More extensive studies looking at the complex interaction of social environment, parenting skills, societal attitudes and responses, resilience factors.

2.2 SECTION B: Studies and Literature Related Teaching Programme And Knowledge on Prevention of Child Abuse.

Brewin, et al .,(2003) conducted a study to investigate the ability of people who have been abused to forget memories until an incident (an external or internal event) unlocks the memories that have been hidden since childhood. Thus, people can often forget traumatic events for long periods of time and disclosures often emerge later in adulthood. The consequences of sexual abuse are both short term and long term. Short term include impact on core aspects of emotional, behavioral, and physical health and social development throughout life. Long-term effects include: Aggression, conduct disorder, delinquency, anti-social behavior, substance abuse, anxiety, depression, suicide and sexual transmitted infections, particularly HIV.

Peterson, Tremblay, Ewigman, & Saldana,(2003) conducted a study to assess the knowledge. For the most part, the more intense and prolonged programs were more effective than short-term programs in reducing the prevalence of child maltreatment. Thus, observations stated that the positive impacts of prevention programs are enhanced when treatment regimes are longer rather than shorter is applicable to the present findings. Operationally, 'longer' programs equate to programs with treatment periods in excess of 4-6 weeks, for example, the Multilevel Selected Prevention Program.

Maureen C. Kenny(2004) conducted a study to determine teachers' self-reported knowledge of the signs and symptoms of child maltreatment, reporting procedures, legal issues surrounding child abuse and their attitudes toward corporal punishment at southeast region of the **United States**. Two hundred teachers, were selected and administered the ECAQ(Educators and Child Abuse Questionnaire) which contains questions on knowledge concerning: (1) signs and symptoms of child abuse, (2) laws, and (3) procedures for reporting child abuse as well as number of reports filed. Most teachers reported being unaware of the signs and symptoms of child maltreatment, as well as reporting procedures. They also felt administration would not be supportive and were in disagreement with their legal role as mandated reporters. The ECAQ was found to be a reliable measure with four factors: (1) Awareness of signs and symptoms of child abuse, (2) Knowledge of reporting procedures, (3) Attitudes toward discipline, and (4) Seriousness of child abuse.

Meenakumari (2004) conducted a study to assess the prevalence of violence against children of families in Tripura and its relationship with socio-economic factors by semi – structured questionnaire. A group of 320 children (160 males & 160 female) studying in class VII and IX and aged between 14 – 19 , participated in the study after obtaining their informed consent from eight – randomly selected English and Bengali medium school in Agartala , Tripura, India. Findings revealed that about 20.9% (67/320), 21.9% (70/320), and 18.1% (58/320) of the children experienced psychological, physical, and sexual violence respectively. Male children experienced more sexual violence. Sexual violence was found to be equally prevalent in all socio – economic groups. Physical violence was found to be more prevalent in high income families (p was less than 0.01) while children from the lower income group of families experienced more psychological violence (p was less than 0.01). Findings speak in favor of an intervention program for creating awareness among parents and teachers about the issues of violence against children. Affection and negative treatment to the children were not associated with child sexual abuse. Families who experienced intimate partner violence and violent communities were more likely to experience child sexual abuse. Interventions are needed to address the problem of child sexual abuse.

Hooper, et.al., (2005) conducted a study and revealed physical abuse is often difficult to identify not only because of the ethics involved in doing so but because of the intra-familial issues that may be present; different cultural acceptances, religion and loyalties to parents and siblings often prevent the open declaration of the levels of abuse that actually exist . The boundary between parental over-chastisement and physical abuse has been commented on, particularly when parental belief systems are involved. Over the past few years there has been significant pressure across the UK for legislation to ban all corporal punishment in line with recommendations from the United Nations Committee on the Rights of the Child, the European Social Rights Committee and the Parliamentary Assembly of the Council of Europe). While many European countries have put such bans in place (such as Italy, Iceland, Romania and the Ukraine), the UK has only enforced a ban on smacking in certain contexts, such as day care, and resisted a complete ban on corporal punishment.

The Brazilian Ministry of Health (2005) conducted a study to classify the Child abuse by the adult caregiver or older adolescent that might result in damage to

the child's physical, emotional, intellectual, moral or social development of the child or adolescent. It can be classified into four types: physical, emotional (psychological), sexual and neglectful (negligence through omission or abandonment). The Brazilian Ministry of Health determined that notification of any form of violence against children and adolescents would be mandatory for all healthcare professionals, and that failure to do so would render the healthcare professional liable to a fine of three to twenty reference salaries, with doubling of the fine in the event of recurrence. It should be emphasized that in these cases the defense of violation of the duty of confidentiality resulting from professional practice would be inapplicable, since this would be communication required by law.

Prinsloo et al; (2006) conducted a study related to the body of knowledge by examining primary school teachers' knowledge of manifestations of child abuse and neglect as well as document their attitudes and reporting practices at Australia. Given the paucity of literature on the recognition and reporting practices of child abuse by South African teachers.

Valerie Mondestin Philip, V.Scribano (2006) conducted a study and the objective of this study was to describe caregiver perceptions about mental health services (MHS) after child sexual abuse (CSA) and to explore factors that affected whether their children linked to services. We conducted semi-structured, in-person interviews with 22 non-offending caregivers of suspected CSA victims < 13 years old seen at a child advocacy center in Philadelphia. Purposive sampling was used to recruit caregivers who had (n = 12) and had not (n = 10) linked their children to MHS. Guided by the Health Belief Model framework, interviews assessed perceptions about: CSA severity, the child's susceptibility for adverse outcomes, the benefits of MHS, and the facilitators and barriers to MHS. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment ended when thematic saturation was reached. Caregivers expressed strong reactions to CSA and multiple concerns about adverse child outcomes. Most caregivers reported that MHS were generally necessary for children after CSA. Caregivers who had not linked to MHS, however, believed MHS were not necessary for their children, most commonly because they were not exhibiting behavioral symptoms. Caregivers described multiple access barriers to MHS, but caregivers who had not linked reported that they could have overcome these barriers if they believed

MHS were necessary for their children. Caregivers who had not linked to services also expressed concerns about MHS being re-traumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving communication with caregivers about the specific benefits of MHS for their children and proactively addressing caregiver concerns about MHS

Shyamala (2007) conducted a study to assess the knowledge of parents residing in a rural area of (Neikarapatti) Dindugul district in Tamil Nadu regarding child abuse. The data analysis showed that the knowledge score was, (82.5%) of inadequate awareness and (18%) of moderate adequate. The Z value was 30.06. It revealed that the knowledge is inadequate and there is need for teaching programme for mothers with under five children's.

B Keervann Walsh (2008) conducted a qualitative study to identify and evaluate the child abuse and neglect knowledge among school teachers at New York. Selected purposively eight early teachers. Findings reveal that, in the absence of pre service and in service education specifically about child abuse and neglect, early childhood teachers held and deployed knowledge in resourceful ways. They used, as a basis, their existing early childhood knowledge and adapted this knowledge by augmenting it with a range of personal and professional knowledge resources to fit their particular challenges and situations. This approach, however competent and innovative, also reveals shortfalls in knowledge. Implications of this research are drawn for child abuse and neglect curriculum development in initial and continuing teacher education including the case for specialist knowledge needed to establish teachers' professional reputation for dealing capably with cases of child abuse and neglect.

Lavoie and Parent's (2009) conducted a study to assess the knowledge of parents to clearly defined structure or sequence of intervention. However, there was some variety across programs in the nature and length of participant involvement. For example, some parent education programs encompassed educational workshops over the course of an afternoon, and evaluation of the ESPACE parent education workshop. In contrast, other programs consisted of tailored interventions involving ongoing parent participation over several weeks or months.

B Gilbert et al., (2009) conducted a quantitative study to evaluate the level of knowledge with administering the structured questionnaire in selected school to recognize, report and respond to suspected cases of child abuse . The country has ratified international conventions on the rights of children such as the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child which were ratified in 1995 and 2000 respectively. Laws like the Children's Act (2005); Children's Amendment Bill (2006); Prevention of Family Violence Act (1993); and the Schools Act (1996) have been enacted to safeguard the rights of children (September, 2006) .Specifically, the Children's Act (2005) in section 110(1) states that a teacher - or any other designated person reasonable grounds for suspicion of child abuse include direct disclosure of abuse by a child relative or neighbour or observations of behaviour that suggest child abuse . Thus, professionals do not have to prove the occurrence of abuse, they are only required to report their suspicion to designated personnel who will then investigate and determine if maltreatment has actually occurred.

Michael H. Boyle (2009) conducted a study on child physical and sexual abuse in a community sample of young adults Exposure to child maltreatment is associated with physical, emotional, and social impairment, yet in Canada there is a paucity of community-based information about the extent of this problem and its determinants. We examined the prevalence of child physical and sexual abuse and the associations of child abuse with early contextual, family, and individual factors using a community-based sample in Ontario. The Ontario Child Health Study is a province-wide health survey of children aged 4 through 16 years, a second wave was undertaken in 2003 and a third in 2008. The third wave (N = 1,928) included questions about exposure to physical and sexual abuse in childhood. Males reported significantly more child physical abuse (33.7%), but not severe physical abuse (21.5%), than females (28.2% and 18.3%, respectively). Females reported significantly more child sexual abuse (22.1%) than males (8.3%). Growing up in an urban area, young maternal age at the time of the first child's birth, and living in poverty, predicted child physical abuse (and the severe category), and sexual abuse. Childhood psychiatric disorder was associated with child physical abuse (and the severe category), while parental adversity was associated with child sexual abuse and severe physical abuse. Siblings of those who experienced either physical abuse or

sexual abuse in childhood were at increased risk for the same abuse exposure; the risk was highest for physical abuse. These findings highlight important similarities and differences in risk factors for physical and sexual abuse in childhood. Such information is useful in considering approaches to prevention and early detection of child maltreatment. Clinicians who identify physical abuse or sexual abuse in children should be alert to the need to assess whether siblings have experienced similar exposures. This has important implications for assessment of other children in the home at the time of identification with the overall goal of reducing further occurrence of abuse.

Josepauljohny (2009) A study was done to investigate various psychosocial factors related to mothers' distress following their children's disclosures of sexual abuse. Specifically, the relationships between mothers' emotional distress and a maternal history of sexual abuse in childhood, a maternal history of sexual abuse in adolescence, social support and coping strategies were examined. This study results indicated that emotional distress was related to a maternal history of childhood sexual abuse, a maternal history of adolescent sexual abuse, a lack of support from friends and family, and greater use of avoidance coping strategies. As well, reliance on avoidance coping strategies was found to predict distress after controlling for both maternal child sexual abuse history and social support. The findings indicate that the distress experienced by mothers following a disclosure of sexual abuse is related to mothers' personal histories of child sexual abuse, the social support they receive, and the coping strategies they employ to deal with their children's disclosures. This study suggests that greater attention be given to psychosocial variables which can assist practitioners in explaining the variability in distress experienced by mothers and which might suggest potential interventions.

Patricia (2010) conducted a study to assess the parental knowledge of child sexual abuse and interest in educating themselves and their children for primary prevention in 51 mothers and 50 fathers of preschool and day – care centers children. Data was collected using interview. Parents wanted the primary education for their child, but demonstrated a lack of knowledge about important sexual abuse issues and discussed only the least threatening topics. Parents motivation for own education and the education of their children is indicated.

B Bridgstock (2010) conducted a cross sectional study which has a two-part process in which teachers must first detect and then report these cases. They hypothesized that the detection phase is subject to knowledge of the signs and symptoms of child abuse and neglect while the reporting phase is influenced by the teachers' awareness of the laws, policies and procedures for reporting; their attitudes and their beliefs about the likelihood that the outcome of reporting will benefit the child; and whether the school set up facilitates or hinders reporting. The results of this study the teachers had lack of knowledge before training after that the teachers knowledge was improved to detect the child abuse earlier.

Fedrick (2012) conducted a study to assess the mother's knowledge and perception regarding child abuse after exposed to parental education in an urban area of USA. The total 210 mother's were enrolled in this study. The result showed that mothers are apt to knowledge to child abuse in pre test mean percentage score (90.63+ 13.73%) was significantly lower than post test perception score (98.74 + 2.00%) where $t= 11.754$, $p=0.001$ child maltreatment was significantly associated with parents level of education, fathers occupation mothers working status, mothers age at birth of first child, maternal perception of maltreatment.

B Benjamin Olamide (2012) conducted a study on assess the teachers knowledge and attitudes towards identifying and reporting suspected cases of child abuse. Observational, descriptive, cross sectional, quantitative methods were used. A self-administered questionnaire was completed by 237 teachers selected by multi-stage stratified proportional random sampling from a total of 2496 primary school teachers.. The level of significance was set as 95%. The study results shows that teachers were generally knowledgeable about possible indicators of child abuse. There were critical gaps in participants knowledge of reporting procedures and most of the teachers (70.2%) have had no training on child abuse detection and reporting. Previous training on child abuse was associated with an increased likelihood to have detected abuse in the past (OR 4.86, 95%CI 2.64-8.96, $p < 0.01$). while most teachers agreed that all forms of child maltreatment should be reported, they still displayed differential reporting of suspected cases. The decision to report was often influenced by their perceived seriousness of the on-going abuse while uncertainty about on-going abuse was one of the most important barriers to lodging a report of suspected cases.

Neil B. Guterman (2012) conducted a study on early intervention approaches to prevent physical child abuse and neglect hold great promise, seeking to avert the problem before it ever occurs, while promoting positive parenting from the outset. This article synthesizes the rapidly expanding empirical base on early prevention, examining the support undergirding this modality's overall effectiveness and directions it provides for discerning optimal prevention strategies. The 18 controlled studies in this area reveal a promising yet complex picture with regard to successful intervention designs. Several emerging trends point to (a) the essential role of parenting education support, (b) the importance of linking families with formal and/or informal supports, (c) the importance of coupling longer term interventions and those that employ paraprofessional helpers with a moderate to high degree of service intensity, (d) a clinical advantage for programs that employ universalistic intake procedures over those that screen for psychosocial risk, and (e) the importance of health education to reduce medically related maltreatment risks. Further, the review points to a number of significant directions for future program design and study, particularly with respect to adequately addressing parental powerlessness in the makeup of physical abuse and neglect risk.

B Ben Mathews et,al; (2012) conducted a study on knowledge of reporting legislation and policy attitudes; and reporting practices regarding child sexual abuse among school teachers at Australia. A sample of 470 teachers within randomly selected rural and urban schools was surveyed, using both retrospective and prospective approaches. Teachers who have actually reported CSA in the past are more likely have lower levels of policy knowledge, and hold more negative attitudes towards reporting CSA .Teachers indicating intention to report hypothetical scenarios are more likely to hold reasonable grounds for suspecting CSA, to recognise that significant harm has been caused to the child, to know that their school policy requires a report, and to be able to override their concerns about the consequences of their reporting.

B Manuela WA, Corien Ruiter, et,al; (2013) conducted a study on a pivotal role in the detection and reporting of child abuse among public child healthcare doctors and nurses, and primary school teachers. Group interviews were held among 16 primary school teachers and 17 public health nurses and physicians. The interviews were audio recorded, transcribed, and thematically analyzed according to

factors of the Integrated Change model, such as knowledge, attitude, self-efficacy, skills, social influences and barriers influencing detection and reporting of child abuse. Findings showed that although both groups of professionals are aware of child abuse signs and risks, they are also lacking specific knowledge. The results suggest that frontline workers are in need of supportive tools in the child abuse detection and reporting process. On the basis of our findings, directions for improvement of child abuse detection and reporting are discussed.

Cristofel et, al; (2014) conducted a study on recognition and reporting practices of child abuse by South African teachers provides a strong motivation for an exploratory study aimed at examining primary school teachers' at South Africa. For Reporting process and the provision of training which improves professionals'. Such training should also address underlying negative attitudes and beliefs which hinder reporting. The above findings and assertions have implications for child abuse detection and reporting in South African schools. The unacceptably high burden of child abuse in South Africa coupled with the dearth of literature on knowledge of manifestations of child maltreatment, suggestions on improving child abuse detection and reporting in South African school teachers.

Sarah B. (2014) revealed that children are sometimes neglected or not treated well. Child abuse must be taken seriously. At their age, children do not have the resources to do something about it or to talk about it. The role of children is not to protect themselves. On the opposite, this is the duty of the parents' child and of the government. It is a real problem when the people who are suppose to protect the children are hurting them and neglecting them. These situations are present in all communities but they should not be. An academic research is a very good way to know more about the situation and to be able to propose ways to solve the problem. I first I did a research on the impact of abuse on a child's life in order to be able to look for solutions. Children need to open themselves to someone to be more comfortable with what happened to them. Even if the problem will probably always be there, the implement of mental health counselling and parent-child therapy will certainly help the problem of too many abused children. To do this work I used the article "Stressful Life Events and Depression Symptoms: The Effect of Childhood Emotional abuse on Stress Reactivity" from the Journal of Clinical Psychology, the article "Mandated Reporting of Child Abuse: Consideration and guideline for Mental Health

Counselors" from the Journal of Mental Health Counseling and finally the article "Preventing Maltreatment with a Community-Based Implementation of Parent-Child Interaction Therapy" from the Journal of Child & Family Studies.

B Christeena (2015) done a study which explored the complicated interplay of how maternal risk and protective characteristics and service elements are associated with reunification. The study contributes to existing literature by following mothers for three years; examining service needs as identified by the mother herself; using a summary proportion score to reflect the totality of services received to matched service needs identified; and using logistic regression to examine interactions of services received with critical maternal characteristics. The sample is comprised of 458 substance-abusing mothers enrolled during pregnancy or postpartum in the Washington State Parent-Child Assistance Program (PCAP), evidence based case management intervention. Participants' custody status was well distributed among four categories based on continuity of parenting. Findings indicate that at program exhibits 60% of the mothers were caring for their index child. These mothers had more treatment and mental health service needs met, had more time abstinent from alcohol and drugs, secure housing, higher income, and support for staying clean and sober. Among women with multiple psychiatric diagnoses, the odds of regaining custody were increased when they completed substance abuse treatment and also had a supportive partner. Mothers who lost and did not regain custody had more serious psychiatric problems and had fewer service needs met.

CHAPTER- III

METHODOLOGY

CHAPTER –III

RESEARCH METHODOLOGY

“Research essentially is a problem solving process. A systematic intensive study directed towards full scientific knowledge of the subject studied”.

FRENCH RUTH M(1968)

Research methodology is a way to systematically solve the research problem and consists of procedures and techniques for conducting study.

Methodology is the systematic, theoretic analysis of the methods, applied to the field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. Typically, it encompasses concept such as paradigm, theoretical model, phases, qualitative and quantitative techniques. This chapter deals with the research approach, research design and the steps taken for the development of the tool, further the chapter describes the settings , samples, sampling techniques, sampling criteria, pilot study and the plan for the data analysis.

3.1 RESEARCH APPROACH

According to Polit and Beck “Quantitative research is an applied research that involves finding out how well a program, practice, procedure or policy is working”. In the present study quantitative research approach was used to evaluate the effectiveness of video assisted teaching on the knowledge regarding the child abuse and its prevention.

3.2 RESEARCH DESIGN

Research design is the plan and strategy of investigation for answering the research questions. It is an overall blueprint, with which the researcher selected to carry out this study.

In this study Pre experimental , One group pre test and post test design was used.

GROUP	PRETEST	INTERVENTION	POST TEST
Group-I	O ₁	X ₁	O ₂

O₁ : The assessment of pretest knowledge regarding the child abuse among school age children.

X₁ : Intervention-video assisted teaching on child abuse.

O₂ : The assessment of the post- test knowledge regarding child abuse among school age children.

3.3 RESEARCH VARIABLE

“A variable is the character or attribute that differs among the person, objects, events and so forth that is being studied”.

-B.T.BASAVANTHAPPA

Dependent variable : knowledge of the school age children regarding the child abuse.

Independent variable : Video assisted teaching on child abuse.

Demographic variable : Includes age, class of studying, religion, occupation of the head of the family, type of family and educational status of the parents, number of siblings, unhealthy habits of parents.

3.4 RESEARCH SETTING

Setting may be natural or laboratory depending upon the study topic and researcher choice. This study conducted at Kalaivani Model Matriculation High school and they having the strength of 1010 students from standard of first to tenth standard.

3.5 STUDY POPULATION

The population is the entire aggregation of cases in which a researcher is interested. In this study, Population is school age children, Accessible population is school age children of selected school and the target population is school ages at the age of 10-13 years studying in selected school at Coimbatore.

3.6 SAMPLE

A sample is a subset of population elements, which are the most basic units about which data are collected. In this study the sample consists of school age children who were studying VI, VII and VIII standard from Kalaivani model matriculation school .

3.7 SAMPLE SIZE

Sample size is the number of items to be selected from the universe to constitute a sample. Based on the set of criteria 30 school age children were selected from school.

3.8 SAMPLING TECHNIQUE

Sampling is the process of selecting cases to represent an entire population, to permit inferences about the population . In this study, **Probability systematic random sampling** technique was used.

Randomization procedure:

$$K = \frac{N}{n} = \frac{\text{Number of subjects in target population}(N)}{\text{Size of sample}(n)}$$

$$K = 180 / 30$$

$$K = 6$$

Therefore , every 6th person was selected for group.

3.9 CRITERIA FOR SAMPLE SELECTION:

3.9.1. Inclusion criteria

School age children who are,

1. Between the age group of 10-13 years
2. Selected by randomization
3. Available at the time of data collection.

3.9.2. Exclusion criteria

School age children who are ;

1. under and above the age group of 10-13 years
2. not available at the time of data collection

3.10. INSTRUMENT AND SCORING PROCEDURE

The tool was developed by the investigator after reviewing the related literature and guidance from the experts in the respective field.

3.10.1 DESCRIPTION OF THE TOOL

Part A: Demographic Variables

It consists of school children age, class of studying, religion, occupation of the head of the family, No. of siblings, Ordinal position of the child, Family living status, Education of the father/ guardian, Occupation of the father / parent, Monthly income, Unhealthy habits of father/guardian, Type of family, Housing condition, Number of family members, Previous source of information.

Part B: Self-administered Questionnaire

The multiple choice questionnaire was used to assess the knowledge regarding child abuse. It consists of 30 multiple choice questions with 3 options, among the 3 options one is correct answer and other two are distracters.

3.10.2 SCORING PROCEDURE

Each question consist of 3 options the correct answer corresponding one(1) mark and the incorrect answer corresponding zero(0) mark. The total score is 0-30.

The total score interpreted as follows,

LEVEL OF KNOWLEDGE	RANGE OF SCORE
Inadequate knowledge	0-10
Moderate knowledge	11-20
Adequate knowledge	21-30

3.11 VALIDITY AND RELIABILITY

3.11.1 VALIDITY:

“ Validity refers to the degree to which the item in an instrument adequately represents the universal content”.

The validity of the tool was established in consultation with four nursing experts in the field of paediatrics and one paediatrician. The tool was modified according to the suggestion and recommendations of experts and tool was finalized.

3.11.2 RELIABILITY:

“Reliability refers to the accuracy rate of instrument”.

The test –retest method was used to check the reliability of the tool. The value was found to be reliable (0.9). Stability and internal consistency also checked. karlpearsons correlation coefficient formula was used for the estimation of reliability.

3.12 PILOT STUDY

“ It is a small scale version , or trial run of a study done in preparation for a major study; designed to assess the feasibility of, and to support refinements of the protocols , methods, and procedure to be used in a larger scale study”.

The pilot study was conducted at Mews Matriculation School, for a period of 7 days. The investigator obtained permission from the consent authority , each participant, and prior to the study. 6 samples were from VI,VII, VIII standard by systematic random sampling technique for group. The investigator gave a brief introduction and pretest was conducted for 30 minutes. On 2nd day video assisted teaching was given in respective of group. On 7th day knowledge was assessed with same structured questionnaire. The data was analyzed, it shows that significant difference between the mean pretest and mean post test knowledge level of school age group, and also there is significant difference between the mean post test knowledge level of group. It shows that video assisted teaching was effective. After conducting the pilot study the tool was considered to be feasible and reliable to the study.

3.13 DATA COLLECTION PROCEDURE

The study was conducted at permitted School Coimbatore. The written permission was obtained from the principals of schools and from each participant, and the purpose of the study was explained to them. The study was conducted on 30 students from School. In kalaivani model matriculation school,180 students are studying in VI,VII and VIII standard two sections in each standard in six sections. From this target population , 30 students were selected by systematic random sampling technique. The investigator gave brief instruction about the questionnaire and pretest was conducted for 30 minutes for group. The knowledge regarding child abuse was assessed by structured questionnaire. Immediately after the pre test, video assisted teaching was given for group about 1 hour. After 7 days posttest was done with same structured knowledge questionnaire for group.

3.14 PLANS FOR DATA ANALYSIS

Data is summarized and analyzed according to the objectives of the study, the data analysis to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse was done by descriptive and inferential statistics.

3.15 ETHICAL CONSIDERATION

Research proposal was conducted after approval of dissertation committee. The written permission was obtained from selected schools at Coimbatore. Details of the study informed to the authority and the students. The data was collected after obtaining consent from the participants. It was assumed that confidentiality will be maintained throughout the study.

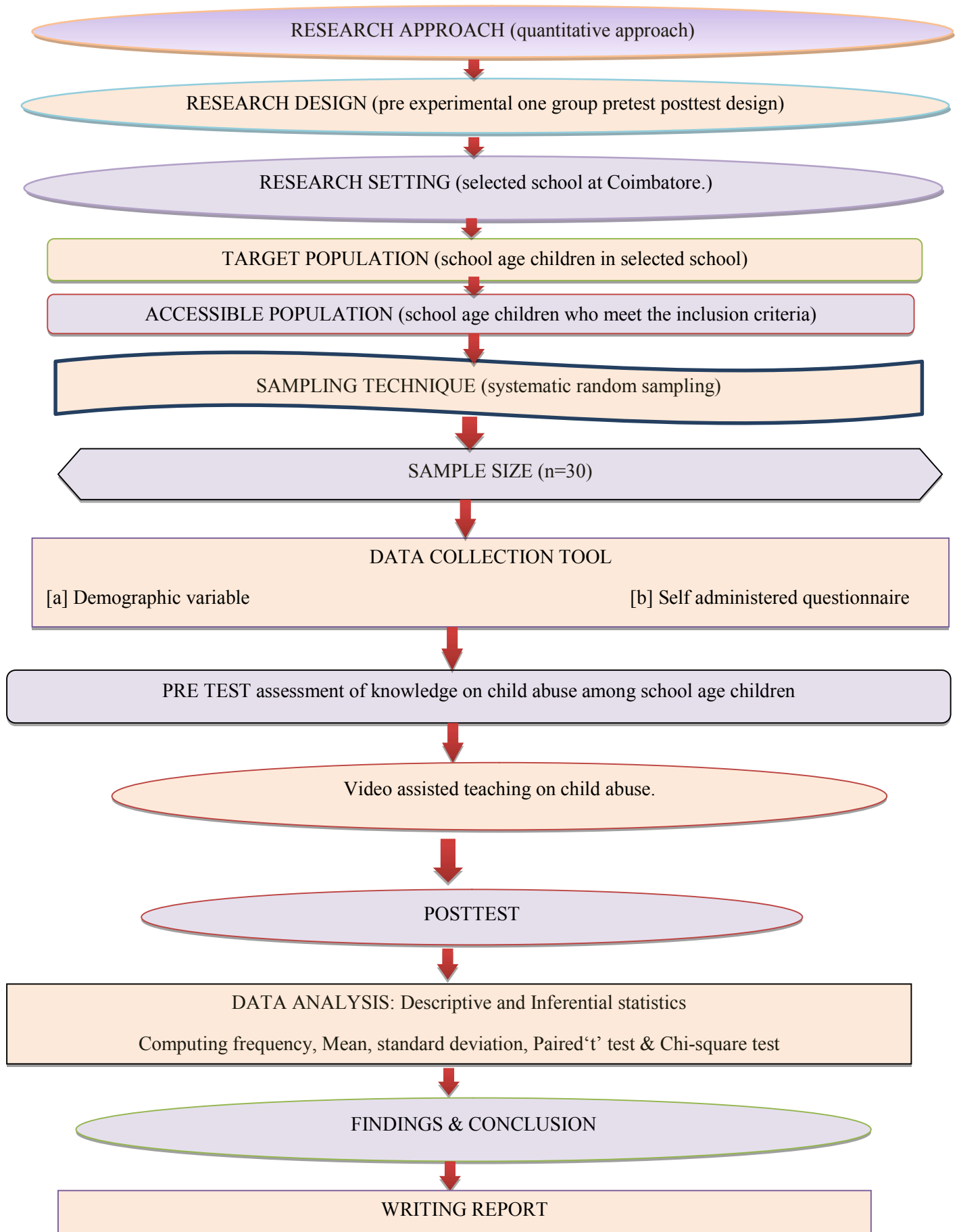


Fig-3.1 Schematic representation of Research Methodology

CHAPTER- IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

A research study is no better than the quality of analysis

-TreeceTreece

This chapter deals with the description of samples, classification, analysis and interpretation of the data collected to evaluate the achievement of the objectives of the study.

The objectives of the study are,

- To assess the existing knowledge on child abuse among school age children
- To evaluate the effectiveness of video assisted teaching regarding child abuse among the school age children
- To find out the association between the pretest knowledge level of the school age children with their selected demographic variables.

ORGANIZATION OF FINDINGS

The collected data is analyzed, organized, tabulated and presented under the following headings,

- SECTION-A :** Distribution of demographic variables of the samples.
- SECTION-B :** Distribution of the samples based on the level of knowledge in pretest and posttest.
- SECTION-C :** Data on effectiveness of video assisted teaching on child abuse among the school age children.
- SECTION-D :** Data on association of the pretest knowledge level of school age children with their selected demographic variables.

SECTION-A

DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF THE SAMPLES

Table-4.1: Frequency and percentage distribution of samples with their selected demographic variables.

n=30

SL.NO	Demographic variables	Total	
		Frequency	Percentage
1.	Age (a) 10-11 years (b) 11-12 years (c) 12-13 years	10 10 10	33.3 33.3 33.4
2.	Class (a) VI standard (b) VII standard (c) VIII standard	10 10 10	33.3 33.3 33.4
3.	Religion (a) Hindu (b) Muslim (c) Christian (d) Others	13 7 8 2	43.3 23.4 26.6 6.7
4.	Number of siblings (a) 1 (b) 2 (c) 3 & above (d) None	14 11 2 3	46.6 36.6 6.7 10.1
5.	Ordinal position (a) First (b) Middle (c) Last	12 9 9	40 30 30
6.	Head of the family (a) Father (b) Mother (c) Other	25 3 2	83.2 10.1 6.7
7.	Family living status (a) Both (b) Single (c) None	25 3 2	83.2 10.1 6.7

8.	Education of the parent/ Guardian (a) Graduate (b) Primary (c) Secondary	17 6 7	56.6 20 23.4
9.	Occupation of the father/Guardian (a) Professional (b) Skilled (c) Unskilled	7 16 7	23.4 53.2 23.4
10.	Monthly income (a) <10,000 Rs (b) 10,000-20,000 Rs (c) >20,000 Rs	5 18 7	16.6 60 23.4
11.	Unhealthy habits of the father (a) Alcoholism (b) Smoking (c) Both (d) None	6 5 3 16	20 16.6 10.1 53.3
12.	Type of the family (a) Nuclear (b) Joint (c) Extended	19 7 4	63.3 23.3 13.4
13.	Number of family members (a) <4 (b) 4-6 (c) 6	15 10 5	50 33.4 16.6
14.	Source of information (a) Parent (b) Media (c) Health Professionals (d) Nil	5 3 2 20	16.6 10.0 6.7 66.7

The data presented in table-4.1 shows that distribution of the samples by demographic variables.

Among the samples with regards to the age 10-11years (33.3%),11-12 years (33.3%) and 12-13 years (33.4%).

Among the samples with regards to class of study VI standard (33.3%)VII standard (33.3%)and VIII standard (33.4%).

Among the samples with regards to religion Hindus (43.3%), Muslims (23.4%), Christians (26.6%) and others (6.7%).

Among the samples with regards to number of siblings, one (46.6%), two (36.6%), three and above (6.7%) and none (10.1%).

Among the samples with regards to ordinal position in their family, first (40%), middle (30%) and last (30%).

Among the samples with regards to head of the family, father (83.2%), mother (10.1%) and other (6.7%).

Among the samples with regards to family living status, (83.2%) of children living with both the parents, (10.1%) living with single parent and (6.7%) living with relatives.

Among the samples with regards to ordinal position in their family, first child (40%), middle child (30%) and last child (30%).

Among the samples with regards to occupation of the father/guardian, professionals (23.4%), skilled (53.2%) and unskilled (23.4%).

Among the samples with regards to the father /guardian monthly income, (16.6%) earns ten thousand rupees, (60%) earns ten thousand to twenty thousand rupees and (23.4%) earns more than twenty thousand rupees.

Among the samples with regards to unhealthy habits of father/ /guardian, alcoholism (20%), smoking (16.6%), both (10.1%) and none (53.3%).

Among the samples with regards to the type of family, nuclear family (63.3%), joint family (23.3%) and extended family (13.4%).

Among the samples with regards to number of family members, less than 4 members (50%), 4-6 members (33.4%) and more than 6 members (16.6%).

Among the samples with regards to the previous source of information on child abuse, (16.6%) received information from parent, (10.0 %) from media, (6.7%) from health professionals and (66.7%) have not received any information regarding child abuse.

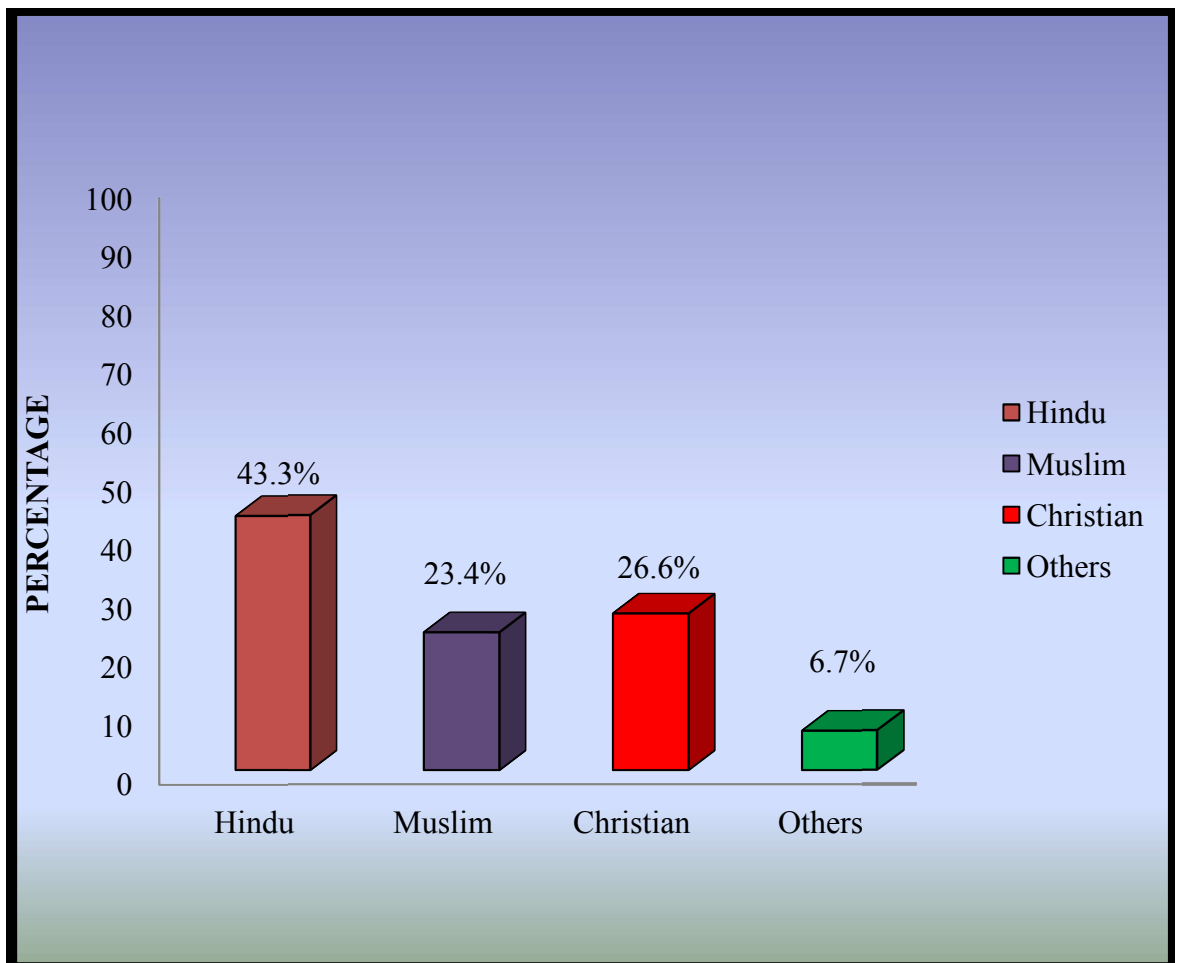


Fig-4.1: A Bar diagram showing the percentage distribution of samples in terms of their religion.

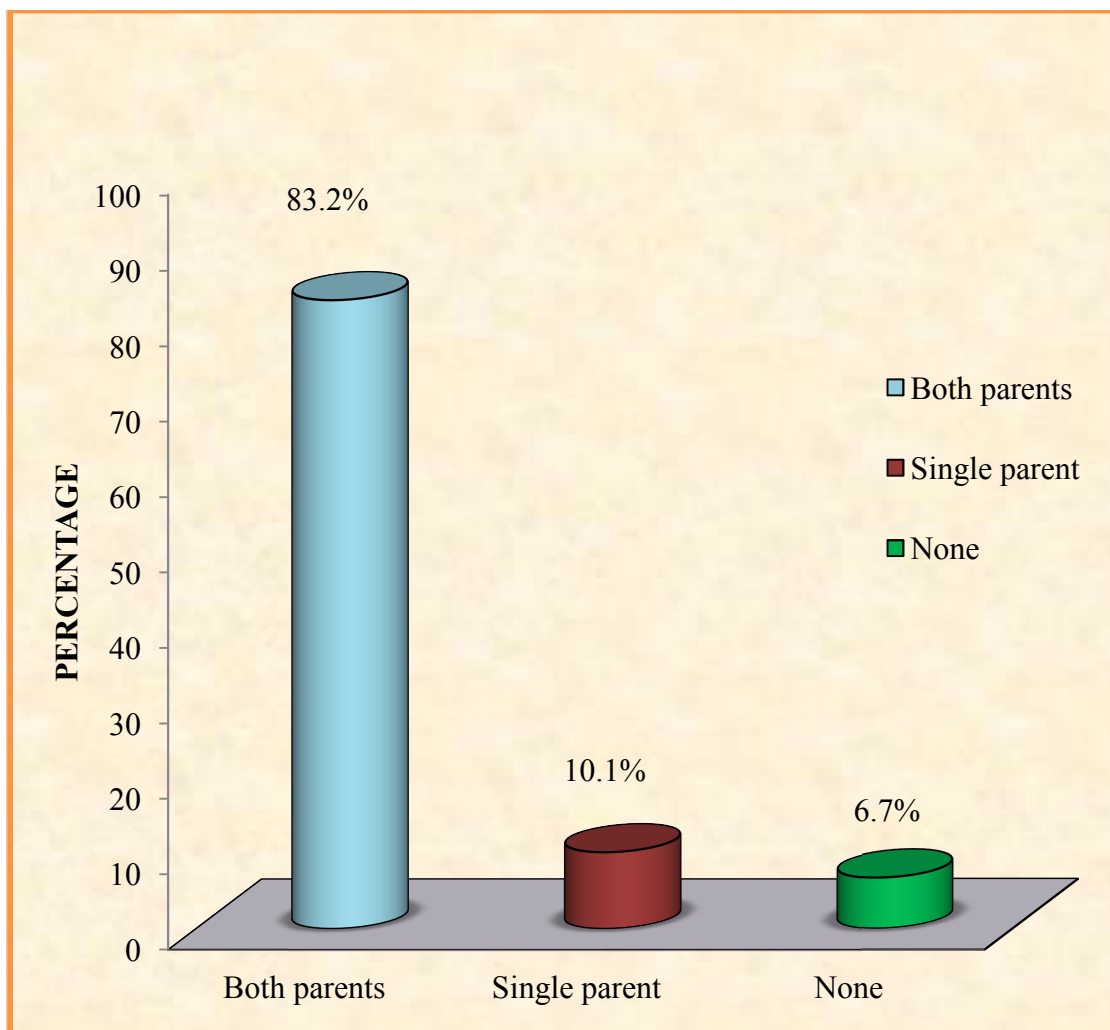


Fig-4.2: A Cylindrical diagram showing the percentage distribution of samples in terms of family living status.

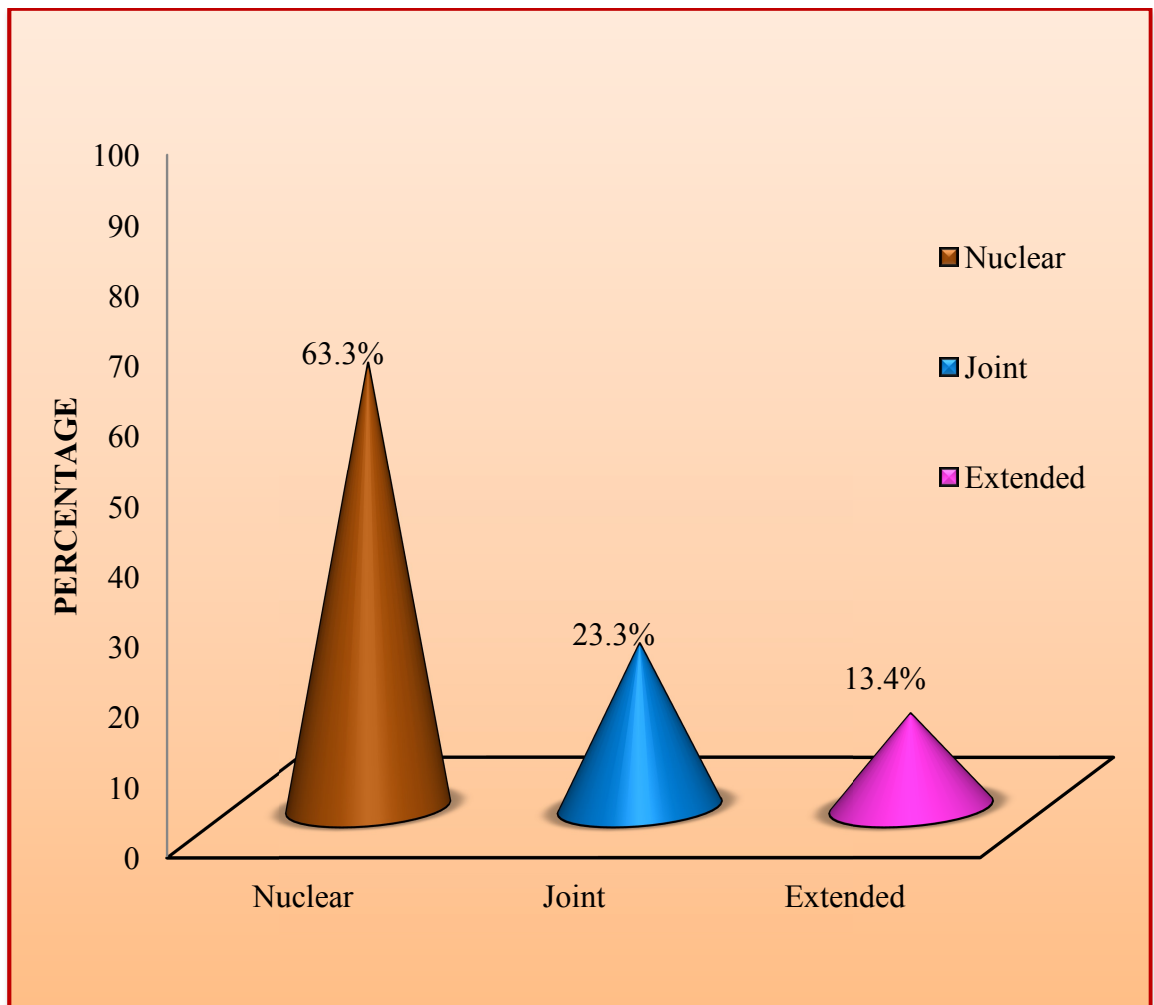


Fig-4.3: A Conical diagram showing the percentage distribution of samples in terms of type of family.

SECTION-B

DATA ON DISTRIBUTION OF THE SAMPLES ACCORDING TO THEIR LEVEL OF KNOWLEDGE IN PRETEST AND POSTTEST

Table-4.2 Distribution of samples according to their level of knowledge in pretest and posttest.

n=30

Knowledge level	Pre test		Post test	
	Frequency	%	Frequency	%
Inadequate 1-10	20	66.7	0	0
Moderate 11-20	10	33.3	13	43.3
Adequate 21-30	0	0	17	56.7

The data presented on the table-4.2 shows that among the 30 school age children, 20 (66.7%) had inadequate knowledge, 10 (33.3%) had moderate knowledge and 0 (0%) had adequate knowledge in the pretest. The level of knowledge was improved after intervention and in the post test 13 (43.3%) had moderate knowledge and 17 (56.7%) had adequate knowledge.

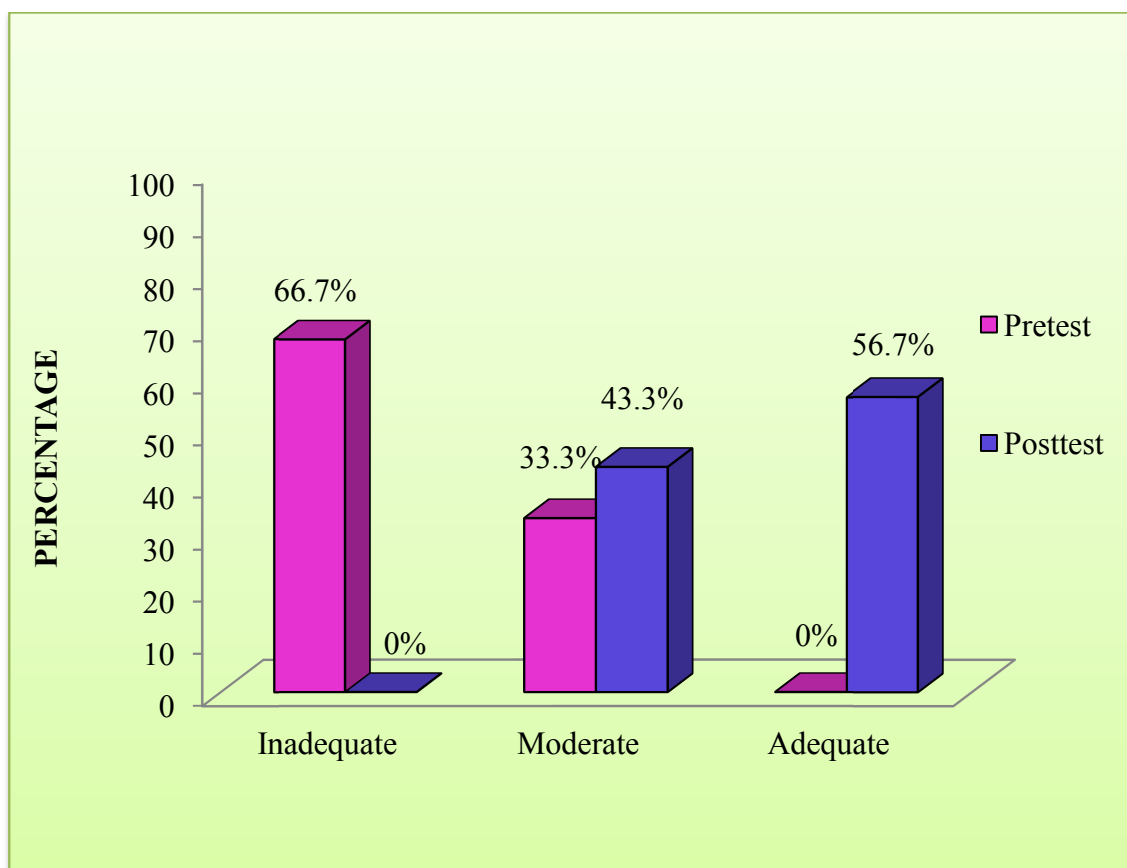


Fig-4.4: A Bar diagram showing the percentage distribution of samples in terms of pretest and posttest knowledge score.

SECTION-C

**DATA ON EFFECTIVENESS OF VIDEO ASSISTED TEACHING
ON CHILD ABUSE AMONG SCHOOL AGE CHILDREN**

**Table-4.3 Mean, Mean difference, Standard deviation and ‘t’ value of pretest
and posttest level of knowledge.**

n=30

S.No	Variable	Mean	Mean difference	Standard deviation	Paired ‘t’ test
1.	Pre test	9.7	11.3	3.4	26
2.	Post test	21		2.9	

Significant at 0.05 level

The data presented on the table-4.3 revealed that, among the school age children the pretest mean was 9.7 and the posttest mean was 21, so mean difference 11.3 was a true difference and the standard deviation of pretest was 3.4 and posttest was 2.9.

The calculated paired ‘t’ value was 26 was highly significant than the table value (2.6) at 0.05 level. Hence the stated hypothesis was accepted.

It was inferred that video assisted teaching on child abuse was effective in improving the knowledge of the school age children.

SECTION-D
DATA ON ASSOCIATION OF THE PRETEST KNOWLEDGE
LEVEL OF SCHOOL CHILDREN WITH THEIR
SELECTEDDEMOGRAPHIC VARIABLES

Table-4.4 Association of the pretest knowledge level of school age children with their selected demographic variables

n=30

SL.NO	DEMOGRAPHIC VARIABLE	LEVEL OF KNOWLEDGE			CHI SQUARE	TABLE VALUE
		Inadequate	Moderate	Adequate		
1.	Age (a) 10-11 years (b) 11-12 years (c) 12-13 years	4 5 11	4 5 1	0 0 0	4.9 [#]	5.9 df=2
2.	Religion (a) Hindu (b) Muslim (c) Christian (d) Others	10 4 4 2	3 3 4 0	0 0 0 0	2.6 [#]	7.8 df=3
3.	Family living status (a) Both (b) Single (c) None	18 2 0	7 1 2	0 0 0	4.7 [#]	5.9 df=2
4.	Education of the parent (a) Graduate (b) Primary (c) Secondary	8 6 6	9 0 1	0 0 0	6.4 [*]	5.9 df=2
5.	Type of the family (a) Nuclear (b) Joint (c) Extended	15 3 2	4 4 2	0 0 0	3.4 [#]	5.9 df=2
6.	Source of information (a) Parent (b) Media (c) Health Professionals (d) Nil	0 0 0 20	5 3 2 0	0 0 0 0	28.8 [*]	7.8 df=3

Note: [#] Not significant at 0.05 level

* Significant at 0.05 level

Table- 4.4 revealed that, chi-square analysis was done to find out the association between the pretest knowledge score with their demographic variables. The findings suggested that there was a significant association between the pretest level of knowledge score with their selected demographic variables such as education of the parent and source of information.

There was no significant association between pretest knowledge level scores with the selected demographic variables such as age, religion, family living status and type of family.

CHAPTER- V

FINDINGS AND DISCUSSION

CHAPTER-V

FINDINGS AND DISCUSSION

The aim of the present study was to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school at Coimbatore.

The self-administered questionnaire was used to evaluate the effectiveness of video assisted teaching on child abuse. The response was analyzed through descriptive statistics and inferential statistics. Discussion of the findings was arranged based on the objectives of the study.

- **The first objective of this study was to assess to assess the existing knowledge on child abuse among school age children**

The study shows that among the 30 school age children, 20 (66.7%) had inadequate knowledge, 10 (33.3%) had moderate knowledge and 0 (0%) had adequate knowledge in the pretest. The level of knowledge was improved after intervention and in the post test 13 (43.3%) had moderate knowledge and 17 (56.7%) had adequate knowledge.

- **The second objective of this study was to evaluate the effectiveness of video assisted teaching regarding child abuse among the school age children**

The study revealed that, among the school age children the pretest mean was 9.7 and the posttest mean was 21,sothe mean difference 11.3 was a true difference and the standard deviation of pretest was 3.4 and posttest was 2.9.

The calculated paired 't' value was 26 was highly significant than the table value(2.6) at 0.05 level. Hence the stated hypothesis was accepted.

It was inferred that video assisted teaching on child abuse was effective in improving the knowledge of the school age children.

- **The last objective of this study was to find out the association between the pretest knowledge level of the school age children with their selected demographic variables.**

The study findings revealed that, there was a significant association between the pretest level of knowledge score with their selected demographic variables such as education of the parent and source of information.

There was no significant association between pretest knowledge level scores with the selected demographic variables such as age, religion, family living status and type of family.

CHAPTER- VI

SUMMARY AND CONCLUSION

CHAPTER-VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals with the summary, conclusion, implications, limitations and recommendations. The essence of any research project based on the study findings, limitations, interpretations of the research result and recommendation that in cooperate in the study implications. It also gives meaning to the result obtained in the study.

6.1 SUMMARY

A study to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school at Coimbatore.

6.1.1 OBJECTIVES

- To assess the existing knowledge on child abuse among school age children
- To evaluate the effectiveness of video assisted teaching regarding child abuse among the school age children
- To find out the association between the pretest knowledge level of the school age children with their selected demographic variables.

6.1.2 HYPOTHESIS

- H1:** The mean posttest knowledge level will be significantly higher than mean pretest knowledge level of the school age children.
- H2:** There will be significant association between the pretest knowledge level of the school age children with their selected demographic variables.

Pre experimental one group pre test post test design was chosen for this study, probability systematic random sampling technique was used. Based on the criteria 30 school age children from class VI, VII and VIII from the permitted school were selected as samples..The knowledge was assessed by self -administered questionnaire. The prepared tool was validated by 4 nursing experts and one medical expert. After

conducting, pretest video assisted teaching was done and, then knowledge was assessed with same questionnaire.

Data was analyzed and interpreted. Demographic variables was analyzed by using frequency and percentage distribution. Knowledge score was analyzed by computing frequency, percentage, median and standard deviation. Effectiveness of video assisted teaching on child abuse was evaluated by paired't' test. Association between the pretest knowledge score of adolescents with their selected demographic variables was analyzed by chi-square test.

6.1.3 MAJOR FINDINGS

The significant findings of the study are,

- Among the samples with regards to the age 10-11years (33.3%) ,11-12 years (33.3%) and 12-13 years (33.4%).
- Among the samples with regards to class of study VI standard (33.3%),VII standard (33.3%)and VIII standard (33.4%).
- Among the samples with regards to religion, Hindus (43.3%), Muslims (23.4%) Christians (26.6%) and others (6.7%).
- Among the samples with regards to number of siblings, one (46.6%), two (36.6%) , three and above (6.7) and none (10.1%) .
- Among the samples with regards to ordinal position in their family, first (40%), middle (30%) and last (30%).
- Among the samples with regards to head of the family, father (83.2%), mother (10.1%) and other (6.7%).
- Among the samples with regards to family living status, (83.2%) of children living with both the parents,(10.1%) living with single parent and (6.7%) living with relatives.
- Among the samples with regards to ordinal position in their family, first child (40%), middle child (30%) and last child (30%).

- Among the samples with regards to occupation of the father /guardian, professionals (23.4%), skilled (53.2%) and unskilled (23.4%).
- Among the samples with regards to the father /guardian monthly income, (16.6%) earns ten thousand rupees, (60%) earns ten thousand to twenty thousand rupees and (23.4%) earns more than twenty thousand rupees.
- Among the samples with regards to unhealthy habits of father/ /guardian, alcoholism (20%), smoking (16.6%), both (10.1%) and none (53.3%).
- Among the samples with regards to the type of family, nuclear family (63.3%), joint family (23.3%) and extended family (13.4%).
- Among the samples with regards to number of family members, less than 4 members (50%), 4-6 members (33.4%) and more than 6 members (16.6%).
- Among the samples with regards to the previous source of information on child abuse, (16.6%) received information from parent, (10.0 %) from media, (6.7%) from health professionals and (66.7%) have not received any information regarding child abuse.
- The findings shows that among the 30 school age children, 20 (66.7%) had inadequate knowledge, 10 (33.3%) had moderate knowledge and 0 (0%) had adequate knowledge in the pretest. The level of knowledge was improved after intervention and in the post test 13 (43.3%) had moderate knowledge and 17 (56.7%) had adequate knowledge.
- The findings revealed that, among the school age children the pretest mean was 9.7 and the posttest mean was 21, so mean difference 11.3 was a true difference and the standard deviation of pretest was 3.4 and posttest was 2.9. The calculated paired 't' value was 26 was highly significant than the table value (2.6) at 0.05 level. Hence the stated hypothesis was accepted.
- It was inferred that video assisted teaching on child abuse was effective in improving the knowledge of the school age children.
- The findings suggested that there was a significant association between the pretest level of knowledge score with their selected demographic variables such as education of the parent and source of information.

6.2 CONCLUSION

The following conclusion was drawn from the study. The study proved that video assisted teaching on child abuse was effective in improving the knowledge of the school age children. The study findings revealed that knowledge was significantly improved by video assisted teaching on child abuse.

6.3IMPLICATION

6.3.1 FOR NURSING PRACTICE

- The video assisted teaching program is useful strategy in creating awareness regarding the child abuse.
- The finding of the study could serve as a guide to nursing students for planning the health education to improve the knowledge of parents, teachers about child abuse and its prevention.
- Nurses can intervene to reduce incidence of child abuse , by strengthening the coping mechanisms.

6.3.2 FOR NURSING EDUCATION

- The nursing curriculum should emphasize the importance of teaching regarding child abuse and its prevention.
- Nursing students need realistic preparation of identifying the problems of pediatric clients due to child abuse.
- Student nurses must be motivated to prepare and use tools on assessing knowledge regarding consequences of child abuse and its prevention.

6.3.3 FOR NURSING ADMINISTRATION

- Nurse administrator should plan for making awareness regarding child abuse and its prevention among the children.
- Nurse administrator should facilitate funding to have adequate number of books, journals and newspaper in the library.

- Nurse administrator can introduce in-service education for children who are studying at selected Schools.
- Nurse administrator should formulate protocols, guidelines and system of care in collaboration with the multi-disciplinary team.
- Nurse administrators can prepare skilled nurses who can spend time with children to talk through some of the more troubling aspects of child abuse .

6.3.4 FOR NURSING RESEARCH

- The study findings encourage further studies on hazards of electronic gadgets.
- The finding of the present study helps to expand the studies on child abuse and its prevention.
- The results of this study can be published in nursing journals with the recommendations which will be beneficial to upcoming researchers.

6.4 LIMITATIONS

The limitation of the study was as follows;

- The study was conducted only in one school.
- Only the school age children between (10-13 years) were participated.

6.5 RECOMMENDATIONS

- This study could be conducted with large samples.
- Similar kind of study could be done in various settings like colleges, community, etc.
- Self-instructional module, structured teaching program, child-child approach can also be incorporated in the future study.
- This study could be conducted among the parents and school teachers..
- A detail study can be done in the setup of government and private run schools and colleges.

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- <http://www.childwelfare.gov/positiveparenting>
- <http://www.preventchildabuseillinois.org>.
- <http://www.nspcc.org.uk/childabuse>
- <http://www.actforkids.com>
- <http://www.ocfs.ny.gov/prevention>
- <http://www.cdc.gov/healthychildren>
- <http://www.preventchildabusepa.org>
- <http://www.nationalchildabusecoalition.org>
- <http://www.statisticbrain.com/stats/childabuse>
- <http://www.mass.gov/berkshireda/childabuse>

APPENDICES



APPENDIX – I

TEXCITY COLLEGE OF NURSING

Podanur Main Road, Coimbatore - 641 023.

Phone : 0422 - 2410854, 2410443 E-mail : texcitycollege@yahoo.co.in.

Approved by the Government of Tamilnadu Vide G.O. MS. No. 226/22-09-2006 & INC

INC Code - B.Sc. (N) 2903067, M.Sc. (N) 2904079

Affiliated to TN Dr. MGR Medical University

Ref :

Date ..03..03..2018.....

PERMISSION LETTER FOR CONDUCTING THE STUDY

From

J. Uma,
M. Sc (N) II year,
Texcity college of Nursing,
Coimbatore- 641023.

To

The principal,
Kalaivani Model Matriculation School,
Palathurai main Road, madukari market,
Coimbatore -105.

Through: principal, Texcity college of Nursing.

SUB: Requisition letter for conducting the research study

Respected Sir,

I am, Mrs. Uma. J M. Sc (N) II- Year in Texcity College of Nursing. Our institution is affiliated to Tamilnadu DR. MGR. Medical University, Chennai, as part of my curriculum requirement of M.Sc (N) programm, I have to conduct a research study on "A Study to Evaluate The Effectiveness of Video Assisted Teaching on Knowledge Regarding Child Abuse Among the School Age Children in Selected School, Coimbatore".

So, I kindly Request you to grant me permission for conducting a study in this school in the month of Feb – March.

Thanking you

Coimbatore
Date: 08.01.2018

*Mr. Anika
Permit her to do the project
on Monday 5.03.18 clear 6:10
between 10-10 am to 11.40 am.
03/03/18*

Chinal
Yours faithfully, 03/03/18
J. Uma.

Principal,
Kalaivani Model Matriculation School,
Near L & T Bye Pass, Palathurai Road,
Madukkarai, Coimbatore - 641 105.

APPENDIX-II

LETTER REQUESTING EXPERT OPINION TO ESTABLISH CONTENT VALIDITY

To,

Coimbatore.

(Through- Principal Texcity College of Nursing)

Respected sir/madam,

SUB: Nursing Education – M.Sc.(N) II year- Content Validity Req. - Reg.

I wish to state that I am M.Sc.(N) II year student of Texcity College of Nursing has to carry out a research project. This is to be submitted to the TN DR. MGR Medical University, Chennai in partial fulfillment for the requirement for the award of Master of Science in Nursing.

The topic of research project is:

“A study to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school at Coimbatore”

I have enclosed,

1. Statement of the problem, objectives and hypothesis
2. Demographic data
3. Research tool
4. Teaching module

I request you to go through the items and give your valuable suggestions, modifications. additions and deletions, if any, in the remark column.

Thanking you,

Place: Coimbatore

Date:

Yours faithfully,

Mrs.Uma.J

APPENDIX-III

LIST OF EXPERTS

1. Mrs.Selvalakshmi, M.Sc (N)
Associate Professor,
Rass Academy College of Nursing.
Sivagangai.
2. Mrs. Mohanambbal, M.Sc (N)
Professor
Indira College of Nursing,
Trichy.
3. Mrs. Kalavathy, M.Sc (N)
Professor,
Grace College of Nursing,
Nagercoil.
4. Mrs. Muthumaheswari, M.Sc (N)
Professor,
SCPM College of Nursing,
Uttarpradesh.
5. Dr. Dineshababu, MBBS
Medical Officer,
Primary Health Centre, Coimbatore.

APPENDIX-IV

EVALUATION CRITERIA CHECK LIST FOR CONTENT VALIDITY TOOL: DEMOGRAPHIC VARIABLE&SELF ADMINISTERED QUESTIONNAIRE

INSTRUCTION:

Expert is requested to go through the following evaluation criteria checklist prepared for the intervention, there are three columns given for the response and facilitate suggestions in the remarks column given.

SEC-A: DEMOGRAPHIC VARIABLE	RELEVANT	IRRELEVANT	REMARKS
1-14			
SEC-B: SELF ADMINISTERED QUESTIONNAIRE			
1-30			

ANYOTHER SUGGESTIONS:

EXPERTS SIGNATURE WITH DATE & SEAL

APPENDIX-V

EVALUATION CRITERIA CHECK LIST FOR CONTENT VALIDITY - TEACHING MODULE

INSTRUCTION:

Expert is requested to go through the following evaluation criteria checklist prepared for the intervention, there are three columns given for the response and facilitate suggestions in the remarks column given.

S.NO	CONTENTS	CRITERIA			REMARKS
		MEET	PARTIALLY MEET	DOES NOT MEET	
I	SELECTION OF CONTENT				
a.	Content reflect the objectives				
b.	Content has uptodate knowledge				
c.	Content is comprehensive for the learning needs				
d.	Content provides correct and accurate information				
e.	Content coverage				
II	ORGANIZATION OF CONTENT				
a.	Logical sequence				
b.	Continuity				
c.	Integration				
III	LANGUAGE				
a.	English language is used in simple and in understandable				
b.	Technical terms are explained at the level of learners ability				
IV	FEASIBILITY/PRACTICABILITY				
a.	Is suitable to subjects				
b.	Permit self-learning				
c.	Acceptable and useful to the students				
d.	Suitable for setting				

ANY OTHER SUGGESTIONS:

EXPERTS SIGNATURE WITH DATE & SEAL

APPENDIX-VI

**LETTER SEEKING CONSENT OF SUBJECTS FOR
PARTICIPATION IN THIS STUDY**

INTRODUCTION

I would like to inform you that I'm doing A study to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school at Coimbatore

Your kind cooperation is highly esteemed and your honest responses are valuable. If you are willing to participate in this study, please sign the consent form given below.

Yours truly

CONSENT FORM

I understood whatever you explained and I am accepting to participate in your study with my full cooperation.

I am declaring this with my full conscious and clear knowledge and the above.

Thanking you,

Signature of the sample

Date:

Place:

APPENDIX-VII

CERTIFICATE FOR ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the tool developed by Mrs.Uma.J, M.Sc Nursing Student of Texcity College of Nursing for dissertation “**A study to evaluate the effectiveness of video assisted teaching on the knowledge regarding child abuse among school age children in selected school , Coimbatore.**” is edited for English language appropriateness by **Mrs.Muthumalini Alice, MA (Eng), B.Ed.**

SIGNATURE

APPENDIX-VIII

RESEARCH TOOL

SECTION-A

DEMOGRAPHIC PROFILE OF THE SAMPLES

SAMPLE NO _____

INSTRUCTIONS: [Read the following questions carefully and place a tick mark in the appropriate space provided at each item]

1. Age

- | | |
|----------------|--------------------------|
| a) 10-11 years | <input type="checkbox"/> |
| b) 11-12 years | <input type="checkbox"/> |
| c) 12-13 years | <input type="checkbox"/> |

2. Class of studying

- | | |
|------------------|--------------------------|
| a) VI standard | <input type="checkbox"/> |
| b) VII standard | <input type="checkbox"/> |
| c) VIII standard | <input type="checkbox"/> |

3. Religion

- | | |
|--------------|--------------------------|
| a) Hindu | <input type="checkbox"/> |
| b) Christian | <input type="checkbox"/> |
| c) Muslim | <input type="checkbox"/> |
| d) Others | <input type="checkbox"/> |

4. No. of siblings

- | | |
|----------------|--------------------------|
| a) 1 | <input type="checkbox"/> |
| b) 2 | <input type="checkbox"/> |
| c) 3 and above | <input type="checkbox"/> |
| d) None | <input type="checkbox"/> |

5. Ordinal position of the child

- | | |
|------------------|--------------------------|
| a) First | <input type="checkbox"/> |
| b) Second/Middle | <input type="checkbox"/> |
| c) Last | <input type="checkbox"/> |

6. Head of family
- a) Father
 - b) Mother
 - c) others
7. Family living status
- a) Both parents
 - b) Single parent
 - c) None (others)
8. Education of the father/guardian
- a) Primary
 - b) Secondary
 - c) Graduate
9. Occupation of the father/guardian
- a) Skilled
 - b) Unskilled
 - c) Professionals
10. Family monthly income in Rupees
- a) <10,000
 - b) 10,000-20,000
 - c) >20,000
11. Unhealthy habits of father/guardian
- a) Alcoholism
 - b) Smoking
 - c) Both
 - d) None
12. Type of family
- a) Nuclear
 - b) Joint
 - c) Extended

13. Number of family members

a) <4

b) 4-6

c) >6

14. Source of information

a) Parent

b) Media

c) Health professionals

d) Nil

SECTION-B

SELF ADMINISTERED QUESTIONNAIRE ON KNOWLEDGE

(Read the following questions and mark any one option)

1. What is child abuse?

(a) Maltreatment of the child

(b) Neglect of the child

(c) Both (a) & (b)

2. What are the types of child abuse?

(a) Physical ,sexual abuse& child neglect

(b) Emotional & psychological abuse

(c) All the above

3. What is physical abuse?

(a) Intentional use of mechanical force

(b) Intentional use of physical force

(c) None

4. What are the acts considered as physical abuse?

(a) Hitting , Beating Scalding & Burning

(b) Isolating

(c) Lack of attention

5. What are corporal punishments?
- (a) Slapping the children with hand, stick, belt
 - (b) Scolding
 - (c) Denying food
6. What are the most important signs of physical abuse?
- (a) Bruises & scratches
 - (b) Broken bones & lacerations
 - (c) All the above
7. What are the future consequences of physical abuse?
- (a) Physical & mental difficulties
 - (b) Loneliness
 - (c) None
8. What is sexual abuse?
- (a) Physical stimulation of the child
 - (b) Sexual stimulation of the child
 - (c) Administering drugs
9. What are the sexual abuses?
- (a) Asking a child to engage in sex
 - (b) Indecent exposure of the genitals
 - (c) All the above
10. What is good touch?
- (a) Unpleasant touch from friends
 - (b) Pleasant & comfortable touch from parents
 - (c) Uncomfortable touch from parents
11. What is bad touch?
- (a) Unpleasant & uncomfortable touch from others
 - (b) Pleasant & comfortable touch from parents
 - (c) Pleasant touch from teacher & friends
12. Which areas of the body should not be allowed to touch by others?
- (a) Hands and face
 - (b) Chest, buttocks and private parts
 - (c) legs

13. Which are the areas to be allowed to touch by others?
- (a) Chest ☐
 - (b) Hand and head ☐
 - (c) private areas ☐
14. What are the sign and symptoms of sexual abuse?
- (a) Chronic pain & bleeding in genital area ☐
 - (b) Depression ☐
 - (c) All the above ☐
15. What are the effects of child sexual abuse on the victim?
- (a) Guilt , Self-blame,Worthlessness ☐
 - (b) Flashbacks, lack of trust ☐
 - (c) Both (a) & (b) ☐
16. What is the causes for emotional abuse?
- (a) Abnormal brain development ☐
 - (b) Poor parental attachment ☐
 - (c) Health problems ☐
17. What is neglect?
- (a) Inattention to basic needs ☐
 - (b) Inattention to the properties ☐
 - (c) Respecting child needs ☐
18. What are the signs of child neglect?
- (a) Withdrawn ,fearful ,shows extreme behaviour ☐
 - (b) Attentiveness in school ☐
 - (c) Attachment with others ☐
19. What is physical neglect?
- (a) Failure to provide money ☐
 - (b) Failure to provide basic needs ☐
 - (c) Failure to satisfy sophisticated needs ☐
20. What is medical neglect?
- (a) Lack of love ☐
 - (b) Lack of medical care ☐
 - (c) Lack of proper diet ☐

21. What is educational neglect?
- (a) Permitted habitual absenteeism
 - (b) Failure to provide a child needs regards to school & education
 - (c) Lack of parental love
22. What is the major problem caused by neglect?
- (a) Delayed speech
 - (b) Delayed sexual development
 - (c) Delayed physical & psychosocial development
23. .What is substance abuse?
- (a) Abuse to drugs ,alcohol & tobacco
 - (b) Abuse to electronic gadgets
 - (c) Abuse to junk foods
24. Who are the suspected abusers?
- (a) Childs own parents and family members
 - (b) Relatives and strangers
 - (c) All the above
25. What are the signs in the child may signal the presence of child abuse?
- (a) Sudden changes in behaviour ,low school performance ,loneliness
 - (b) Social behaviour
 - (c) Increased concentration
26. What are the preventing measures of child abuse?
- (a)Awareness program on child abuse
 - (b)Isolation of the child
 - (c)Speaking to strangers
27. What are the steps to protect the child from sexual abuse?
- (a)Reduce one adult-one child situations
 - (b)Learn where to go, who to call and how to react
 - (c)All the above
28. What is CRM?
- (a) Child rights monitor
 - (b) Child relieve monitor
 - (c) Child reaction monitor

29. What is the helpline number for child abuse in India?

(a) 1098

(b) 1890

(c) 1908

30. What are the child sexual abuse acts in India?

(a) Child marriage prevention act

(b) Protection of children from sexual offences Act

(c) Child labour prohibition act

SCORING KEY

Question number	Answer	Question number	Answer
1	c	16	b
2	c	17	a
3	b	18	a
4	a	19	b
5	a	20	b
6	c	21	b
7	a	22	c
8	b	23	a
9	c	24	c
10	b	25	a
11	a	26	a
12	b	27	c
13	b	28	a
14	a	29	a
15	c	30	b

APPENDIX-IX

TEACHING MODULE
ON
CHILD ABUSE

TEACHING MODULE ON CHILD ABUSE

Topic	: CHILD ABUSE
Group	: VI, VII & VIII Standard School Students
Method of teaching	: Video assisted teaching
Medium of teaching	: English
Teaching aids used	: LCD
Date	:
Time	:
Venue	: Kalaivani Model Matriculation School.

GENERAL OBJECTIVES:

At the end of the session the students will gain adequate knowledge regarding child abuse and develop positive attitude & awareness regarding the prevention of child abuse.

SPECIFIC OBJECTIVES:

At the end of teaching the students will be able to,

- ✓ define child abuse,
- ✓ state the incidence of child abuse
- ✓ list down the predisposing factors of child abuse,
- ✓ enumerate child neglect,
- ✓ describe the sexual abuse,
- ✓ differentiate good touch and bad touch,
- ✓ identify the child perpetrators,
- ✓ explain the prevention of child abuse.

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHING ACTIVITY	LEARNING ACTIVITY	AV AIDS	EVALUATION
1.	1mt	The students will be able to understand the topic.	<p>INTRODUCTION:</p> <p>Child abuse is doing something or failing to do something that results in harm to a child or puts a child at risk of harm.</p> <p>However, in India, as in many other countries, there has been no understanding of the extent, magnitude and trends of the problem. The growing complexities of life and the dramatic changes brought about by socio-economic transitions in India have played a major role in increasing the vulnerability of children to various and newer forms of abuse.</p>	Introducing the topic.	Listening	LCD	
2.	3mts	The students will be able to define child abuse.	<p>DEFINITION:</p> <p>Child abuse: Words or overt actions that cause harm, potential harm, or threat of harm to a child.</p> <p>According to WHO:</p> <p>“Child abuse or maltreatment constitutes all forms of physical and/ or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other</p>	Explaining	Listening	LCD	what is child abuse?

3.	2mts	The students will be able to state the incidence of child abuse.	<p>exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”</p> <p>By gill (1968); “Child abuse is nonaccidental physical injury, minimal or fatal, inflicted upon children by persons caring for them”</p> <p>AGE GROUP : Infants and toddlers are the age group most vulnerable to child abuse and neglect and the largest group of children entering foster care.</p> <p>INCIDENCE-INDIA AND WORLDWIDE:</p> <ul style="list-style-type: none"> • India has the largest number of children (375 million) in the world, nearly 40% of its population. • 69% of Indian children are victims of physical, emotional, or sexual abuse (or read it as every 2 out of 3). 	Explaining	Listening	LCD	what is the incidence of child abuse?
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			<ul style="list-style-type: none"> • New Delhi, the Nation's capital, has an over 83% abuse rate. • 89% of the crimes are perpetrated by family members. • Boys face more abuse (>72%) than girls (65%). More than 70% of cases go unreported and unshared even with parents/ family. • Nearly five children die every day in America from abuse and neglect. • In 2010, an estimated 1,560 children died from abuse and neglect in the United States. • In the same year, Children's Advocacy Centres around the country served over 266,000 child victims of abuse, providing victim advocacy and support to these children and their families. In 2011, this number was over 279,000. 				
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4.	5mts	The students will be able to list down the predisposing factors of child abuse.	PREDISPOSING FACTORS <ol style="list-style-type: none"> 1) Parental characteristics 2) child characteristics 3) environmental characteristics <ol style="list-style-type: none"> 1) <u>Parental characteristics</u> <ul style="list-style-type: none"> • Violence, • Poverty, • Parental history of abuse, • Socially isolated, • Low self esteem, • Less adequate maternal functioning. 2) <u>Child characteristics</u> <ul style="list-style-type: none"> • Unwanted or unplanned child, • No.of children in the family, • Child's temperament, • Position in the family, • Additional physical needs if ill or disabled, • Activity level or degree of sensitivity to parental needs. 	Explaining	Listening	LCD	What are the predisposing factors for child abuse?
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			<p>3) <u>Environmental characteristics</u></p> <ul style="list-style-type: none"> • Chronic stress, • Problem of divorce, • Poverty, • Unemployment, • Poor housing, • Frequent relocatoion. • Alcoholism, • Drug addiction <p>CAUSES</p> <ul style="list-style-type: none"> • In many cases the abuser himself/herself was abused as a child. • Children who are low birth weight, ill, disabled, or otherwise perceived as different are more likely to be the targets of abuse. • Lying, disrespect, disobedience, low performance in school and destroying property are the main reasons for punishment. 				
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5.	10mts	The students will be able to classify the child abuse.	<p>TYPES OF ABUSE</p> <p>The following are some signs often associated with particular types of child abuse and neglect:</p> <ul style="list-style-type: none"> ❖ physical abuse, ❖ neglect, ❖ sexual abuse, and ❖ emotional abuse. <p>Physical Abuse</p> <p>Includes,</p> <ul style="list-style-type: none"> ➤ Shaking, ➤ Hitting, ➤ Burning/scalding, ➤ Female genital mutilation, ➤ Fabricated and induced illness, ➤ Drowning, ➤ Suffocating, ➤ Battered child syndrome <p>The term ‘<i>battered child syndrome</i>’ was coined to characterize the clinical manifestations of serious physical abuse in young children.</p> <ul style="list-style-type: none"> ➤ The shaken infant 	Explaining	Listening	LCD	What are the types of child abuse?
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			<p>Another form is the “<i>The shaken infant</i>”. Shaking is a prevalent form of abuse seen in very young children (less than 1 year).</p> <p>Signs of physical abuse:</p> <ul style="list-style-type: none"> • Bruises • Marks (hand,belt,etc) • Burns • Lacerations and abrasions • Fractures and dislocations • Mutilation injuries • Contusion • Bite mark • Bleeding of the ears • Open hand print • Orbital edema,etc <p><u>Consider the possibility of physical abuse when the child:</u></p> <ul style="list-style-type: none"> • Has unexplained burns, bites, bruises, broken bones, or black eyes • Has fading bruises or other marks noticeable 				
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6.	5 mts	The students will be able to enumerate child neglect	<p>after an absence from school</p> <ul style="list-style-type: none"> • Seems frightened of the parents and protests or cries when it is time to go home • Shrinks at the approach of adults • Reports injury by a parent or another adult caregiver <p><u>Consider the possibility of physical abuse when the parent or other adult caregiver:</u></p> <ul style="list-style-type: none"> • Offers conflicting, unconvincing, or no explanation for the child's injury • Describes the child as "evil," or in some other very negative way. Uses harsh physical discipline with the child. <p>Child neglect</p> <p>Inattention to basic needs of a child: food, clothing, shelter, medical care, education and supervision.</p> <p><u>Physical neglect:</u></p> <ul style="list-style-type: none"> • Abandonment • Expulsion 	Explaining	Listening	LCD	What is child neglect?
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			<ul style="list-style-type: none"> • Shutting • Nutritional neglect • Clothing neglect <p><u>Educational neglect:</u></p> <ul style="list-style-type: none"> • Permitted habitual absenteeism • Failure to enroll • Inattention to special education needs <p><u>Medical neglect:</u></p> <ul style="list-style-type: none"> • Denial of health care • Delay in health care <p><u>Inadequate supervision:</u></p> <ul style="list-style-type: none"> • Lack of appropriate supervision • Exposure to hazards • Inappropriate caregivers <p><u>Emotional neglect:</u></p> <ul style="list-style-type: none"> • Inadequate affection • Chronic or extreme spouse abuse • Permitted drug or alcohol abuse 				
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			<p>Signs of Neglect</p> <p><u>Consider the possibility of neglect when the child:</u></p> <ul style="list-style-type: none"> • Is frequently absent from school • Begs or steals food or money • Lacks needed medical or dental care, immunizations, or glasses • Is consistently dirty and has severe body odour • Lacks sufficient clothing for the weather • Abuses alcohol or other drugs • states that there is no one at home to provide care <p><u>Consider the possibility of neglect when the parent or other adult caregiver:</u></p> <ul style="list-style-type: none"> • Appears to be indifferent to the child • Seems apathetic or depressed • Behaves irrationally or in a bizarre manner • Is abusing alcohol or other drugs 				
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7.	3mts	The students will be able to describe sexual abuse	<p>Sexual abuse</p> <p>It includes contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person.</p> <p>It can also be defined as any sexual activity with a child under 18 years of age by an adult.</p> <p>Signs of Sexual Abuse</p> <ul style="list-style-type: none"> ➤ Emotional effect ➤ Guilt ➤ Anxiety ➤ Preoccupation with genital area ➤ Functional disturbances: constipation ➤ Bite marks: <p>Areas commonly to be bitten;</p> <p>Breasts, Arms, face, buttocks, female genitalia, neck, back, abdomen, etc.</p> <p><u>Consider the possibility of sexual abuse when the child:</u></p> <ul style="list-style-type: none"> • Has difficulty walking or sitting • Suddenly refuses to participate in physical 	Explaining	Listening	LCD	What is sexual abuse?
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			<p>activities</p> <ul style="list-style-type: none"> • Reports nightmares or bedwetting • Experiences a sudden change in appetite • Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior • Becomes pregnant or contracts a venereal disease • Runs away • Reports sexual abuse by a parent or another adult care giver <p><u>Consider the possibility of sexual abuse when the parent or other adult care giver:</u></p> <ul style="list-style-type: none"> • Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex • Is secretive and isolated • Is jealous or controlling with family members 				
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8.	5 mts	The students will be able to differentiate good touch and bad touch.	<p>GOOD TOUCH:</p> <p>For children good touch is Touch that cares for them, that is necessary for their health or safety, or makes them feel safe or fun.</p> <p>It includes,</p> <ul style="list-style-type: none"> • Mother hugs • Daddy's good night kisses and hugs • Grand parents hugs <p>BAD TOUCH:</p> <p>It is any touch that they don't want or makes them feel scared or any secret touch, or any touch on their genitals or bottom, unless it's necessary for their health.</p> <p>It includes,</p> <ul style="list-style-type: none"> • Touch hurts you • Someone touches your body where you don't want to be touched • Touching the parts under clothing or tickles the clothing • Touch makes to feel discomfort, scared & 	Explaining	Listening	LCD	What is the difference between good touch and bad touch?
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			<p>nervous</p> <ul style="list-style-type: none">• Person forces to touch him/her• Person asks not to tell anyone. <p>PRIVATE PARTS:</p> <p><i>May not like to touch:</i></p> <ul style="list-style-type: none">✓ Head✓ Face✓ Neck &Shoulders✓ Tummy✓ Thighs✓ Feet <p><i>Bad:</i></p> <ul style="list-style-type: none">✓ Mouth✓ Chest✓ Buttocks✓ Part between cur legs <p>Emotional abuse</p> <p>It is a maltreatment which results in impaired psychological growth and development.</p> <p>Involves words, actions and indifference.</p> <p>Signs of Emotional Maltreatment</p>				
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			<ul style="list-style-type: none"> • Verbal abuse • Excessive demands on a child's performance • Penalizing a child for positive, normal behavior <p><u>Consider the possibility of emotional maltreatment when the child:</u></p> <ul style="list-style-type: none"> • Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression • Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example) • Is delayed in physical or emotional development • Has attempted suicide • Reports a lack of attachment to the parent <p><u>Consider the possibility of emotional maltreatment when the parent or other adult caregiver:</u></p> <ul style="list-style-type: none"> • Constantly blames, belittles, or berates the 				
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9.	5 mts	The students will be able to identify the child perpetrators?	<p>child</p> <ul style="list-style-type: none"> • Is unconcerned about the child and refuses to consider offers of help for the child's problems Overtly rejects the child <p>Effects of emotional abuse:</p> <ul style="list-style-type: none"> • Developing psychopathologic symptoms • Lifelong pattern of depression, • estrangement, • anxiety, • low self- esteem, • lack of empathy. <p>CHILD PERPETRATORS:</p> <ul style="list-style-type: none"> ▪ Child's own parents ▪ Family members ▪ Family friends ▪ Relatives ▪ Unmarried partners ▪ 40% of child victims were abused by their mothers acting alone 	Explaining	Listening	LCD	How will you identify the child abusers?
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			<ul style="list-style-type: none"> ▪ Neighbors and ▪ 4% were strangers. <p>REPORTING CHILD ABUSE TO THE AUTHORITIES:</p> <p><i>Helpline in India:1098</i></p> <p>Children can seek help from</p> <ul style="list-style-type: none"> • Parents • Teachers • Grand parents • Reliable persons <p><i>Mobile App:</i></p> <p>CRM-Child Rights Monitor</p> <ul style="list-style-type: none"> ★ This app developed by MACT (Mary Anne Charity Trust), is available in Tamil & English. ★ This app enables the users to report incidents of child abuse. ★ Users can click a picture or send voice message. ★ Information forwarded to child helpline 1098 				
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			<p>or concerned agencies.</p> <p>CHILD SEXUAL ABUSE LAWS IN INDIA</p> <ul style="list-style-type: none">✓ Child sexual abuse laws in India have been enacted as part of the nation’s child protection policies.✓ The Parliament of India passed the ‘<i>Protection of Children against Sexual Offences Bill, 2011</i>’ regarding child sexual abuse on May 22, 2012. 53% of children in India face some form of child sexual abuse.✓ <i>Goa Children’s Act, 2003</i>,is the only specific piece of child abuse legislation.✓ CAPTA: “<i>The Child Abuse Prevention and Treatment Act</i>”byfederal government in 1974 and reauthorized in 2010.✓ POSCO Act; “<i>The Protection Of Children from Sexual Offences Act</i>” <p>The new act provides for a variety of offences under which an accused can be punished.</p> <p><i>Child sexual abuse might be prosecuted as:</i></p>				
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10.	20 mts	The students will be able to explain the prevention of child abuse.	<p>1. I.P.C. (1860) 375- defines Rape</p> <p>2. I.P.C. (1860) 354- Whoever assaults or uses criminal force to any woman,</p> <p>3. I.P.C. (1860) 377- Unnatural offences-</p> <p>4. I.P.C. (1860) 511- Section 511 is a general provision dealing with attempts to commit offences not made punishable by other specific sections</p> <p>PREVENTION OF CHILD ABUSE</p> <p>RECOGNIZING CHILD ABUSE</p> <p>The following signs may signal the presence of child abuse or neglect.</p> <p>i. The Child</p> <ul style="list-style-type: none"> ➤ Shows sudden changes in behavior or school performance ➤ Has not received help for physical or medical problems brought to the parents' attention ➤ Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes ➤ Is always watchful, as though preparing for 	Explaining	Listening	LCD	How will you protect yourself from child abuse?
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			<p>something bad to happen</p> <ul style="list-style-type: none"> ➤ Lacks adult supervision ➤ Is overly compliant, passive, or withdrawn <p>Comes to school or other activities early, stays late, and does not want to go home</p> <p style="text-align: center;">ii. The Parent</p> <ul style="list-style-type: none"> ➤ Shows little concern for the child ➤ Denies the existence of—or blames the child for—the child’s problems in school or at home ➤ Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves ➤ Sees the child as entirely bad, worthless, or burdensome ➤ Demands a level of physical or academic performance the child cannot achieve ➤ Looks primarily to the child for care, attention, and satisfaction of emotional needs 				
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			<p>iii. The Parent and Child</p> <ul style="list-style-type: none"> ➤ Rarely touch or look at each other ➤ Consider their relationship entirely negative <p>PREVENTION OF CHILD ABUSE</p> <p>Resources on child abuse prevention, protecting children from risk of abuse, and strengthening families. Includes information on supporting families, protective factors, public awareness, community activities, positive parenting, prevention programs, and more. Understanding child abuse prevention and what to do when children are at risk. Includes frequently asked questions and links to related Federal and national organizations and State contacts that work to prevent child abuse.</p> <ul style="list-style-type: none"> ❖ Strengthening families <p>Information on how to enhance protective factors in families and ways to support and partner with parents. Includes a calendar of family activities and parenting resources.</p> <ul style="list-style-type: none"> ❖ Public awareness and creating supportive communities 				
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			<p>Tools for sharing a child abuse prevention message with your community and building community support.</p> <ul style="list-style-type: none"> ❖ Prevention programs <p>Standards for prevention programs, research on what works, information on the role of related professionals, and resources for specific types of programs.</p> <ul style="list-style-type: none"> ❖ Developing and sustaining prevention programs <p>Considerations for managing a prevention program, including community needs assessments, collaborating with community partners, family engagement and retention, cultural competence, training, and funding.</p> <ul style="list-style-type: none"> ❖ Evidence-based practice <p>Child abuse prevention programs and strategies supported by scientific research.</p> <p>7 steps to protecting the children from sexual abuse</p> <ol style="list-style-type: none"> 1. Learn the facts and understand the risks. 				
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			<p>Realities-not trust-should influence the decisions regarding the child.</p> <ol style="list-style-type: none"> 2. Minimize opportunity- eliminate/reduce one adult-one child situations. 3. Talk about it- children often keep abuse a secret, but barriers can be broken down by talking openly about it. 4. Stay alert- don't expect obvious signs when a child is being sexually abused. 5. Make a plan- learn where to go, who to call, and how to react. 6. Act on suspicions 7. Get involved <p>REFERENCES</p> <ol style="list-style-type: none"> 1. World Health Organization : Report of the Consultation on Child Abuse Prevention; Geneva, 1999. http://www.who.int/violence_injury_prevention/violence/neglect/en/ 2. http://skeptic.skepticgeek.com/2007/05/04/indian-child-abuse-statistics-what-can-we-do 				
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			<p>3. Every Child Matters Education Fund (2009). We Can Do Better: child abuse and neglects deaths in US http://www.everychildmatters.org/storage/documents/pdf/reports/wcdb2.pdf</p> <p>4. U.S. Department of Health and Human Services: Administration for Children and Families. Child Maltreatment 2010. http://www.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf</p> <p>5. National Children's Alliance 2011 national statistics and 2010 national statistics collected from Children's Advocacy Center members.)</p> <p>6. http://www.infoplease.com/ce6/society/A0857276.html child abuse: Causes and Effects — Infoplease.com http://www.infoplease.com/ce6/society/A0857276.html#ixzz276MAPcXz</p> <p>7. "CHILDLINE India Foundation : Documents - Cause ViewPoint – Child sexual abuse- The Law and the Lacuna". Childlineindia.org.in. 2010-01-19. Retrieved 2012-05-14.</p>				
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THANK YOU

